

PARENT/CARER REQUEST FOR USE OF MEDICINE

CHILD'S NAME			
Name of medicine			
Time of dose(s)			
Dose amount			
Start date		Finish date:	
Any special instructions? (e.g. take with food)			
Any expected side effects the Centre needs to know about?			
Is this medicine prescribed by a doctor?		Yes / No <i>(delete as appropriate)</i>	
If 'Yes', please provide the doctor's name and contact telephone number			

Parent / Carer declaration:

I understand that:

- The above medicine must be delivered to the school personally
- The responsibility for this medication remains mine and I will advise the school of changes to the information given
- My son/daughter will self-administer this medicine under the supervision of TLG staff
- TLG is under no obligation to administer medicines
- This form must be fully completed and resubmitted termly if medicine is to be allowed.

Signed:		Print name:	
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To be completed by TLG staff:

Medicine and completed form received by:			
	<i>(name)</i>		<i>(date)</i>
Name of staff responsible for carrying out this request:			

