



**St. Michael Catholic Primary School
Pupils Medication Request**

Name of Child Class.....

Condition or Illness..... Date.....

Home Telephone Mobile.....

Name of Medicine	Dose required	Time to be given	Date for completion course	Expiry date of medication

I agree to members of staff administering medicines/providing treatment to my child as directed above or in the case of an emergency, as staff consider necessary.

Medicines should be brought to school by parents or another responsible adult and handed to the Front Desk. Medication should be in the original prescribed bottle/packaging.

Signed (Parent/Guardian).....Date.....

NOTE: Where possible the need for medicines to be administered at school should be avoided. Parents are therefore requested to try to arrange the timing of doses accordingly.