# Form 4: Long-term 'as required' prescribed medication in school

**To be completed by parent/carer**

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| **Pupil's name** |
| **Date of birth** |

I request that the above pupil be given the following medication while at school.

| Name of medication | Date prescribed | Dose prescribed | Minimum time between doses | Medication to be given if the following symptoms occur |
|---|---|---|---|---|
| | | | | |

The GP or hospital doctor has prescribed the above medication. It is in the container in which it was dispensed, clearly labelled with the contents, dosage and child's name in full.

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| **Name of GP (please print)** |
| **Address of GP** |
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| ☎ |

I realise that this is not a service that the school is obliged to undertake. I accept full responsibility for informing the school if my child has been given a dose of this medication before coming to school. I accept responsibility for ensuring that the medicine has not expired and that there will be enough medicine supplied to the school for my child's needs. I will collect all unused medicine from the school at the end of the summer term. I accept that the school will destroy any unused medication that remains uncollected.

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|---|---|
| **Parent/carer's name** | |
| **Address** | |
| | |
| **☎ Home** | |
| **☎ Work** | |
| **☎ Mobile** | |
| **Signature** | **Date** |

Note: The school will not accept medication unless this form is completed and signed by the parent/carer of the pupil and the head teacher agrees the administration of the medication. The head teacher reserves the right to withdraw this service.