RADLETT
PREPARATORY SCHOOL

REQUEST FOR SCHOOL TO ADMINISTER PRESCRIBED MEDICATION

Form to be completed by parents if they wish the school to administer medication

NAME…….

FORM……

ILLNESS / CONDITION……..

PRESCRIBED MEDICINE……..

DOSAGE TO BE GIVEN……..

TIMES TO BE GIVEN……

NUMBER OF DAYS TO BE GIVEN……..

TO BE KEPT IN FRIDGE YES / NO

SELF ADMINISTRATION YES / NO

YOUR CHILD NEEDS TO COME TO THE MEDICAL ROOM FOR HIS/HER MEDICATION

SIGNATURE OF PARENT / GUARDIAN……..

DATE……..

SCHOOL NURSES

MRS A THOMAS RSCN
MRS M GALLAGHER RSCN