



EMERSON VALLEY SCHOOL

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Executive Headteacher: Mrs Hayley White

REQUEST FOR SCHOOL TO SUPERVISE THE TAKING OF MEDICINES

The Headteacher and her staff do not administer medicines but are prepared to oversee children administering their own medicines providing this form has been signed.

Please note the following

- Medicine must be delivered personally to the school. A member of staff will be on hand while the child takes their own medicine.
- Parents remain responsible for ensuring that their child receives the medication and that parents may have to make the necessary arrangement if the school is unable to.
- It is recommended that a single dose is brought into school in a container. However children may pour their own if parents consider that is more appropriate.

To be completed by the parent/guardian

I request that _____ (Full name of child) of

Class _____ be allowed to take the following medication:

At the following times during the day _____ until _____

Dosage _____

Medicine to be kept in the fridge YES/NO (please circle as appropriate)

They medicine needs to be clearly labelled indicating contents, dosage and child's name in FULL.

Signed _____ parent/guardian _____ date

To be completed by the: School Business Manager

I agree to arrange for the supervision of the child taking medicines, as requested by the parent and described above.

_____ School Business Manager _____ date

