

Parent request for prescribed medication to be given by the School Nurse

If a prescribed medication is to be given during the school day, please complete this form as fully as possible. Medicines must be handed to the school nurse at the beginning of the school day, the boy can then return at break or lunchtime as needed to take his medication.

Please complete this form and either send with your son to hand to the nurse when he drops off the medication, or email to grammar.nurses@lsf.org

| Name of a student: | | |
|---|---------------------------------|----------|
| Date of Birth: | | |
| Form: | | |
| Name of medication: | | |
| Reason/Diagnosis: | | |
| Date / Time to be given: (Medication start and end date:) | (From | |
| Dose to be given: | (FIOIII) | |
| Does your son have any allergies (please del | ete as appropriate) Yes / No | |
| If yes, please list | , | |
| Signed (parent / guardian) | | |
| Please print name | | |
| Contact phone number (for on the day que | | |
| | DICATION FROM THE MEDICAL CENTR | E AT THE |