



**British School of Marketing International**

4a Westover Road BH1 2BY

Bournemouth – UK

[britishschoolofmarketing.com](http://britishschoolofmarketing.com)

## REQUEST FOR THE SCHOOL TO GIVE MEDICATION

Dear British School of Marketing International,

I request that ..... (Full name of student) be given the following medicine(s) while at school.

### Personal Information

Title	
Family Name	
First Name	
Date of birth	
Home address	Telephone number
Email address	

### Medication details

Medicine Name
Dosage, method and frequency
Time(s) to be given
Other instructions
Self-administration? [YES] [NO]
Full Name of GP
Telephone number of GP



I understand that I must deliver the medicine personally to (agreed member of staff) and accept that this is a service that the school is not obliged to undertake.

I understand that I must notify the school of any changes to the medication in writing.

Signed ..... Date.....

Print Name ..... (Parent/Guardian)

Note to parents:

1. Medication will not be accepted by the school unless this form is completed and signed by the parent or legal guardian of the child and that the administration of the medicine is agreed by the Headteacher.
2. Medicines must be in the original container as dispensed by the Pharmacy.
3. The agreement will be reviewed on a termly basis.
4. The Managing Director reserve the right to withdraw this service at any time.