



Abbotsholme School

Request to give prescribed medication note

If you wish your child to receive prescribed medication during the school day, please complete and return this form to the school health centre along with the medication, which must be in the original packaging clearly labelled.

Name of Child.....

Year Group.....

Name & type of Medication.....

Reason for Medication.....

Date and time of last dose.....

Dose and time to be given.....

Signature.....

Date.....