Hale Preparatory School ◆ Broomfield Lane ◆ Hale ◆ WA15 9AS ◆ 0161 928 2386

REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

NAME OF PUPIL	CLASS/FORM
BRIEF DESCRIPTION OF ILLNESS/CONDITION FOR WHICH MEDICATION IS REQUIRED	
NAME OF MEDICATION AND FORM (I.E. TABLETS, MIXTURE, INHALER ETC)	
DOSAGE AND TIMES TO BE TAKEN IN SCHOOL	
PRECAUTIONS OR POSSIBLE SIDE EFFECTS	
CONTACT NUMBER FOR PARENT/GUARDIAN	
SIGNED BY PARENT/GUARDIAN	DATE: / /