



**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 girl can then return at break or lunchtime as needed to take her medication.

Please complete this form and either send with your daughter to hand to the nurse when she drops off the medication, or email to [high.nurses@lsf.org](mailto:high.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.....To.....)
Dose to be given:	

Does your daughter have any allergies (please delete as appropriate) Yes / No

If yes, please list

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Parent's Name \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Contact Number \_\_\_\_\_

**STUDENTS MUST COLLECT THEIR MEDICATION FROM THE MEDICAL ROOM AT THE END OF THE SCHOOL DAY.**