



OLD BUCKENHAM HALL

REQUEST TO ADMINISTER PRESCRIPTION MEDICINE TO DAY PUPILS

Date.....

Name of child.....

Medicines must be named and in the original container as dispensed by the pharmacy.

Name and strength of medicine.....

Dose to be given.....

When to be given.....

Any other instructions.....

Name of parent/guardian.....

Contact number.....

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