



# OLD BUCKENHAM HALL

*A leading co-educational preparatory school for children aged 2-13 years*

## REQUEST FOR THE SCHOOL TO GIVE MEDICATION

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.....