



All Hallows Catholic College

A Voluntary Academy

Aspire not to have more but to be more

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Principal - Mr T Beesley

REQUEST FOR THE COLLEGE TO GIVE MEDICATION

Dear Principal

I request that _____ (full name of student)
be given the following medicine(s) whilst in college should it be required.

Name of Medicine	
Duration of Course	
Dose Prescribed	
Date Prescribed	
Time(s) to be Given	

The above medication has been prescribed by the family or hospital doctor. It is clearly labelled indicating contents, dosage and child's name in FULL.

I understand that the medicine must be delivered to the college by **myself** or **child** as named below.

and accept that it is my responsibility to inform the College of any change in dosage immediately.

Signed _____ (Parent / Carer)

Address _____

Date _____

Notes to Parents:

1. Medication will not be accepted by the college unless this form is completed and signed by the parent or legal guardian of the child.
2. This agreement will be reviewed on an annual basis.
3. The Governors and Principal reserve the right to withdraw this service.



Honourable Purpose



Respect



Compassion



Co-operation



Stewardship