

# Letters to parent: replenish, collect or permit to store medication at school

Page 1	Form 6a	Medication needs replenished
Page 2	Form 6b	Medication is near expiration date and needs replaced
Page 3	Form 6c	Request to hold long-term medication in school
Page 4	Letter 1	Request to parent/carer to collect medication from school

Please print the appropriate form/letter only.

## Form 6a: Notice to parent/carer that supply of medication needs replenished

Dear parent/carer

Pupil's name	Date of birth
--------------	---------------

Your child has been receiving the following medication in school as you requested:




Name of medication	Dose to be taken	Time/symptoms occurring when medication is to be taken

If your child still requires this medication, please send a further supply into school as we only have enough to cover the next week. Please make sure that this medication is given to the school in the container in which it was dispensed, clearly labeled with the contents, dosage and pupil's name in full. Please complete and return this form with the medication. If your child no longer requires this medication please let the school know in writing.

I request that the medication stated above will continue to be administered to:

Pupil's name	Date of birth
--------------	---------------

I realise that this is not a service that the school is obliged to undertake. I accept full responsibility for informing the school if my child has been given a dose of this medication before coming to school. I accept responsibility for ensuring that the medicine has not expired and that there will be enough medicine supplied to the school for my child's needs. I will collect all unused medicine from the school at the end of the summer term. I accept that the school will destroy any unused medication that remains uncollected.

Parent/carer's name	
Address	 Home
	 Work
	 Mobile
Signature	Date

Note: The school will not accept medication unless this form is completed and signed by the parent/carer of the pupil and the head teacher agrees the administration of the medication. The head teacher reserves the right to withdraw this service.

## Form 6b: Notice to parent/carer that supply of medication is near expiration date and needs replaced

Dear parent/carer

Pupil's name	Date of birth
--------------	---------------

Your child has been receiving the following medication in school as you requested:




Name of medication	Dose to be taken	Time/symptoms occurring when medication is to be taken

If your child still requires this medication, please send a further supply into school as the expiry date for this medication is next week. Please make sure that this medication is given to the school in the container in which it was dispensed, clearly labeled with the contents, dosage and pupil's name in full. Please complete and return this form with the medication. Please make arrangements to collect the out-of-date medication and take it to your local pharmacy for disposal. If your child no longer requires this medication please let the school know in writing.

I request that the medication stated above will continue to be administered to:

Pupil's name	Date of birth
--------------	---------------

I realise that this is not a service that the school is obliged to undertake. I accept full responsibility for informing the school if my child has been given a dose of this medication before coming to school. I accept responsibility for ensuring that the medicine has not expired and that there will be enough medicine supplied to the school for my child's needs. I will collect all unused medicine from the school at the end of the summer term. I accept that the school will destroy any unused medication that remains uncollected.

Parent/carer's name	
Address	 Home
	 Work
	 Mobile
Signature	Date

Note: The school will not accept medication unless this form is completed and signed by the parent/carer of the pupil and the head teacher agrees the administration of the medication. The head teacher reserves the right to withdraw this service.

## Form 6c: Request to hold long-term medication in school

Dear parent/carer

Pupil's name	Date of birth
--------------	---------------

Your child has been receiving the following medication in school as you requested:




Name of medication	Dose to be taken	Time/symptoms occurring when medication is to be taken

We note that this medication remains in date into the autumn term. If your child still requires this medication for the Autumn term, please sign below to confirm that you consent for school to continue to hold this medication over the summer holiday period. Medication will be stored in a locked cabinet over this time period. The appropriate form is enclosed to instruct the school regarding administration to your child in the autumn term. Alternatively this medication needs to be collected prior to the end of term and the enclosed form should be completed and returned with the new medication at the start of the autumn term. Please note we cannot hold medication nor administer this into the new term without both forms being completed and signed by the parent/carer. If your child no longer requires this medication please let the school know in writing.

I request that the medication stated above will continue to be held in school for:

Pupil's name	Date of birth
--------------	---------------

I realise that this is not a service that the school is obliged to undertake. I accept full responsibility for informing the school if my child has been given a dose of this medication before coming to school. I accept responsibility for ensuring that the medicine has not expired and that there will be enough medicine supplied to the school for my child's needs. I accept that the school will destroy any unused medication that remains uncollected or unauthorised.

Parent/carer's name	
Address	 Home
	 Work
	 Mobile
Signature	Date

Note: The head teacher reserves the right to withdraw this service.

## Letter 1: Request to parent/carer to collect medication from school

Dear parent/carer

Pupil's name	Date of birth
--------------	---------------

As you will be aware, the school is currently in possession of medication for your child as requested by you. It is school policy to return all medication to the pupil's home at the end of the summer term.

As you agreed on the consent form, you are responsible for collecting unused medication at the end of the summer term. Therefore, please arrange to collect your child's medication from school by the last day of term.

If your child still requires medication in school next term, please send the medication to school at the beginning of term and fill in the enclosed form. Medication cannot be given until this form has been completed, signed, and returned to school.

Many Thanks