



**REQUEST FOR TOWER HOUSE STAFF
TO ADMINISTER MEDICINE**

BOY'S NAME: YEAR GROUP:

DATE:

MEDICAL CONDITION:

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NAME OF MEDICINE:

DOSE TO BE GIVEN:

.....
.....

PARENT NAME: TEL NO:

OTHER: TEL NO:

Medicine is given by staff on a voluntary basis.

Tower House School accepts no responsibility for the medicine, dosage, or effect of such on the pupil.

Where this form is submitted electronically and without signature, electronic receipt of this form by the School will be deemed equivalent to submission of a signed version and will constitute confirmation of the declaration.