

STIRLING COUNCIL CHILDREN'S SERVICES

REQUEST FOR SCHOOL TO ISSUE PAIN RELIEF MEDICATION

SCHOOL: _____

Dear Headteacher

I request that _____ (full name of pupil) be given to the maximum of 2 (two) pain relief tablets in any one school day. The above named pupil is suffering from the following medical health condition.

- | | | | |
|-----------------------------|--------------------------|-------------|--------------------------|
| Dysmemorrhea (period pains) | <input type="checkbox"/> | Indicate by | <input type="checkbox"/> |
| Headache | <input type="checkbox"/> | | |
| Earache | <input type="checkbox"/> | | |
| Toothache | <input type="checkbox"/> | | |

Other _____

The container has been clearly labelled by me as parent/guardian and states child's name and contents.

Day and dates to be issued

| | | | | | |
|-------------|--|--|--|--|--|
| Day | | | | | |
| Date | | | | | |

Signed _____ Date _____

Address _____

NOTE

Medication will not be accepted by the school unless this form is completed and signed by the parent or guardian.

This request remains in force for a maximum of five consecutive days. If it is necessary to continue treatment beyond five days a further request will be required.

This service is provided by volunteer staff who have had instructions and basic training. The Headteacher reserves the right to withdraw this service and will inform the parent/guardian accordingly.