ALLISONS CHEMIST
—PHARMACY & GIFTS—

31 Main Street, Cockermouth, CA13 9LE | 01900 822292

SCHOOL EMERGENCY MEDICINES ORDER FORM

Headteacher-signed requisition for eligible school emergency stock

School name _____

School address _____

Postcode _____

School contact / telephone _____

Headteacher _____

Medicines requested

Specify brand/product, device strength or spacer type, and quantity requested.

Adrenaline auto-injectors - junior (150 micrograms)

Product and strength: _____ Qty: _____

Adrenaline auto-injectors - adult (300 micrograms)

Product and strength: _____ Qty: _____

Salbutamol metered-dose inhalers

Product and strength: _____ Qty: _____

Compatible spacers

Product/type: _____ Qty: _____

Purpose and authorisation

The medicines requested are for emergency use at the named school, under the applicable legislation and official guidance. I authorise this order on behalf of the school.

Headteacher signature _____

Date _____

HOW TO SUBMIT YOUR ORDER

1. Checking prices and availability before ordering is optional.
2. Email this completed, signed form to patientcare@allisonschemist.com.
3. On receipt, the pharmacy will order the requested products, subject to acceptance.
4. An invoice will be sent to the email address from which the request was sent.

A school-headed letter may be used instead, provided it contains the necessary details and signature.
Do not include pupil-identifiable medical information. Supply is subject to legal and professional checks.