



REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

Dear Headteacher

I request that (Full Name of Child)

of class be given the following medication.

Name of medication:

Dosage:

At the following times during the day:

.....
.....

The above medication(s) has/have been prescribed by a doctor to be administered 4 times a day. They are clearly labelled indicating contents, dosage and child's name in FULL.

I understand that the medicine must be delivered personally to the school and that the school will only be able to administer the medicines if it can make the staff time available. I understand that I remain responsible for ensuring that my child receives the medication and that I may have to make the necessary arrangement if the school is unable to.

Signed: (Parent) Date:

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