

# **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 has been prescribed by a doctor. It is 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 the staff time can be made available. I understand that I remain responsible for ensuring that my child received the medication and that I may have to make the necessary arrangements if the school is unable to.

Signed: ……………………………………… (Parent) Date: ………………………………

Address: ………………………………………………………………………………………..