

Request for Administration of Medicines

TO: Headteacher of School

FROM: Parent / Guardian ofFull Name of Child

DATE:

My child has been suffering from
(name of illness)

He / She is considered fit for school, but requires the following prescribed medicine to be

administered during school hours
(name of medicine)

Could you therefore please administer (dosage) at(time)

with effect from (date) to (date)

The medicine should be administered by mouth / in the ear / nasally / other (delete as appropriate)

I understand that all staff are acting voluntarily in administering medicines and have the right to refuse to administer medication. I understand that the school cannot undertake to monitor the use of inhalers carried by children, and that the school is not responsible for loss or damage to any medication.

I undertake to update the school with any changes in administration for routine or emergency medication and to maintain an indated supply of the medication.

Signed

Name of Parent/Guardian (please print)

Name of Child

Contact Details: Telephone No. Home

Work