



Request for Administration of Medicines

Full Name of Child

My child has been diagnosed as having:

.....
(name of condition)

He/She has been considered fit for school but requires the following GP prescribed medicine or medicine supplied by a pharmacist to be administered during school hours:

.....
(name of medication)

Could you please, therefore, administer the medication as indicated above.

.....(dosage) at.....(timed)

With effect from.....until advised otherwise.

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

I undertake to update the school with any changes in routine, use or dosage or emergency medication and to maintain an in date supply of the prescribed medication.

I understand that the medication will be stored by the School and administered by staff.

I understand that teaching staff are acting voluntarily in administering medicines to children.

Signed.....Date:.....

Name of parent/carer (PRINT NAME)
(with legal responsibility for the child)

Contact Details:

Home.....Work:.....Mobile:.....

