

REQUEST FOR THE SCHOOL TO GIVE MEDICATION

Dear Headteacher,

I request that _____ (*full name of child*) of Class _____
be given the following medication.

_____ (*Name of medicine*)

_____ (*Dosage*)

from _____ to _____

at the following times during the day

.....

.....

I have delivered the medicine to the Office

Signed _____ (*Parent/guardian*)

Address _____

Date _____

NOTE: This is a service which the school is not obliged to undertake. Medication will not be accepted in school unless this form is completed and signed by the parent or legal guardian of the child (and administration of the medicine is agreed by the Headteacher).

The Headteacher reserves the right to withdraw this service.