Dear Head Teacher/Head of Establishment

Administration of Medication in Educational Establishments

I request that .....……..... (name of child) be given the following medication, which has been prescribed by a registered medical practitioner:

..... (Name of medicine)

..... (Dosages)

..... (Methods of administering the medicine)

at the following times during the school day:

.....…….....

.....…..…….....

.....….....…….....

I understand that the medicines must be delivered personally by me to ..... (nominated representative) and that this is a service which is subject to agreement with the school.

Signed ..... (Parent/Guardian)

Date ..... 200 .....

Address .....….....

.....….....

.....….....

Notes: (1) Medication will not be administered by the establishment unless this authorisation is completed and signed by the parents/guardians of the pupils.

(2) The Governors and Head Teacher/Head of Establishment reserve the right to withdraw this service.