

Dear Headteacher / Head of Establishment

Administration of Medication in Educational Establishments

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

Name of medicine

Dosage.....
.....

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:
.....(First Aider/nominated representative)
and that this is a service which is subject to agreement with the school.

Signed.....Parent / Guardian

Date.....

Address.....
.....
.....

Notes:

1. Medication will not be administered by the establishment unless this Authorisation is completed and signed by the parent/guardian of the pupil.
2. The Governors and Headteacher / Head of Establishment reserve the right to withdraw this service