Dear Head Teacher

**Administration of Medication in School**

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

1. Name of Medication ……………………………………………………………….

Dosage …………………………………………………………………………………

At the following times during the school day ………………………………………

2. Name of Medication ……………………………………………………………….

Dosage …………………………………………………………………………………

At the following times during the school day ………………………………………

3. Name of Medication ……………………………………………………………….

Dosage …………………………………………………………………………………

At the following times during the school day ………………………………………

I understand that the medication must be delivered personally by me to a member of the school staff and that this service is subject to agreement with the school.

Medication must be in original box as dispensed by the chemist. The label must show pupil’s name, dosage and times to be given.

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 Governor and Head Teacher of the school reserve the right to withdraw this service.