

## REQUEST FOR ADMINISTRATION OF MEDICINES

TO: Headteacher of Stonebow Primary School

FROM: Parent/Guardian of \_\_\_\_\_ (full name of child)

DATE: \_\_\_\_\_

My child has been diagnosed as suffering from \_\_\_\_\_  
\_\_\_\_\_ (name of illness).

He/she is considered fit for school but requires the following prescribed medicine to  
be administered during school hours \_\_\_\_\_ (name of  
medicine).

Could you please therefore administer \_\_\_\_\_ (dosage) at \_\_\_\_\_ (time) with  
effect from \_\_\_\_\_ (date)\* to \_\_\_\_\_ (date)\*

The medicine should be administered by mouth \*\* / in the ear \*\* / nasally \*\* / other  
(please specify).

\* Delete if long term medication

\*\* Delete as appropriate

I understand that all staff are acting voluntarily in administering medicines and have the  
right to refuse to administer medication. I understand that the school cannot undertake  
to monitor the use of inhalers carried by children, and that the school is not responsible  
for loss or damage to any medication.

I undertake to update the school with any changes in administration for routine or  
emergency medication and to maintain an in-date supply of the medication.

Signed \_\_\_\_\_ (Parent/Guardian)

Print \_\_\_\_\_ (Parent/Guardian)

Name of child \_\_\_\_\_

Contact details Home phone \_\_\_\_\_

Work phone \_\_\_\_\_