

Dear Head Teacher/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)

..... (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
the class teacher (nominated representative) and that this is a service which
is subject to agreement with the school.

Signed:..... (Parent/Guardian)

Date:.....20.....

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.