

## REQUEST FOR ADMINISTRATION OF MEDICINES

TO: Headteacher of Heather 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 indatate supply of the medication.

Signed: .....

Name of Parent/Guardian ..... (Please Print)

Name of Child .....

Contact Details: Telephone No. Home .....

Work .....