



**REQUEST FOR ADMINISTRATION OF
PRESCRIBED MEDICINES**

TO: Headteacher of Burbage Junior School

FROM: Parent/Carer of full name of child

Class

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. Could you please therefore administer:

Name of medicine

Times to be administered

Dosage

With effect from to.....(dates)

The medicine should be administered by:

mouth / in the ear / nasally / other – please specify

I understand that all staff are acting voluntarily in administering medicines and have the right to refuse to do so. I also understand that school will not be held responsible if due to unforeseen circumstances my child does not receive their 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 the loss or damage to any medication.

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

Signed Date

Name of Parent/Carer..... (please print)

Contact details: Telephone No. Home.....

Work.....