



**REQUEST FOR SUPERVISION OF
UNPRESCRIBED MEDICINES**

TO: Headteacher of Burbage Junior School

FROM: Parent/Carer of full name of child

Class

DATE:

My child is suffering from.....
(name of illness)

He/She is considered fit for school but requires supervision whilst he/she takes the following unprescribed medicine during school hours.

Name of medicine

Times to be administered

Dosage

We strongly recommend sachets (not spooned medicines) where possible to ensure the child has the correct dose.

The medicine should be administered by:

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

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

I understand that all staff are acting voluntarily in supervising my child 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.....