

Parental Request for Medication to be Administered

To: Headteacher

School: Belford First

I wish my child, of Class to have the following medicine administered by school staff as indicated:

- i. Name of medication.....
- ii. For how long will your child require this medication?.....
- iii. Time at which to be given.....
- iv. Amount to be given.....
- v. Means of administration.....
- vi. Special precautions (if any) (please attach details).....
- vii. Procedures to be taken in case of an emergency (please attach details).....

I undertake to deliver the medicine personally to you and replace it whenever necessary. I also undertake to advise you immediately of any change of treatment prescribed by the doctor or hospital.

Signed.....Relationship to child.....

Date.....