



# Administration of medicine to a pupil

TO: The Headteacher

I wish my child ..... to have the following medicine administered by school staff as indicated below:

1. Name of medication .....
2. Times (s) at which it is to be given .....
3. Amount to be given .....
4. Means of administration:

[Tick box]

- a) Tablet [ ]
- b) Capsule [ ]
- c) Liquid [ ]

Ideally only one dose should be sent each day (as in the case of a course of antibiotics). If the medicine is in liquid or lotion form it is the parents responsibility to ensure that the medicine is taken home at the end of each day.

**This is only possible for medication prescribed by the child's doctor.**

I undertake to deliver the medicine personally to a member of staff and to replace it whenever necessary. I also undertake to advise you immediately of any change of treatment prescribed by the doctor or hospital. I will remove any unused medicine on request when the course of treatment is finished.

Signed: .....

Date: .....

Received by school on: .....

Treatment completed and request for administration at school withdrawn on.....