

Administration of Medicine in School  
Form for completion by parent / carer



I request that \_\_\_\_\_ (child's name) be given the following medication which has been prescribed by a registered medical practitioner:

Name of medicine \_\_\_\_\_

Dosage \_\_\_\_\_

Method of administering \_\_\_\_\_

At the following times during the school day:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I understand that the medicine Must be delivered personally by \_\_\_\_\_ (nominated adult/ representative) and that this is a service which is subject to agreement with the school.**

**Medication must also be collected by a nominated adult/ representative.**

Signed: \_\_\_\_\_ (parent /carer)

Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Please note: medication will not be administer by school unless this authorisation is completed and signed by the child's parents/ carer. The Governors and Headteacher have the right to withdraw this service.