



## Request for Administration of Medicines

To: Head Teacher of Thorpe Acre Infant School

From: Parent/Guardian of .....(Name of child)

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 ..... (Name of medicine).

Could you please therefore administer ..... (Dose) at .....(time) with effect from .....(date) to .....(date).

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 administer medication. The staff cannot be held responsible for missed/incorrectly administered medication. I understand that the school staff cannot undertake to monitor the use of inhalers carried by children, and that the school is not responsible for loss or damage to any medication.

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

Signed .....

Names of Parent/Guardian ..... (Please print)

Name of Child .....

Contact Details: Home telephone number .....

Mobile number .....

Work .....

