

# Request for Administration of Medicines



Child's Full Name:	
Class:	

My child has been diagnosed as suffering from:	

He /she is considered fit for school but requires the following prescribed medicine to be administered during school hours:	
Name of Medicine:	
Dosage:	
To be given at (Time):	
With effect from (Date):	
Till (Date):	
This medicine should be administered by:	<input type="checkbox"/> by mouth
	<input type="checkbox"/> in the ear
	<input type="checkbox"/> nasally
	<input type="checkbox"/> other

I understand that all staff are acting voluntarily in administering medicines and have the right to refuse to administer 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 will update the school with any changes in administration for routine or emergency medication and to maintain an in-date supply of the medication.

Signed:	
Name of parent/carers:	
Date:	
Contact Number:	