

Medic

**Administration of Medication in  
Educational Establishments**

I request that ..... (name of child in full) be given the  
following medication which has been prescribed by a registered medical practitioner:

.....(Name of medicine)

.....(Dosages)

..... (Methods of administering  
the medicine)

at the following times during the school day:

.....

.....

.....

I understand that the medicines must be delivered personally by me to  
.....(nominated representative) and that this is a service which  
is subject to agreement with the school.

Signed .....(Parent/Guardian)

Date .....

Address.....

.....

.....

NB (1) Medication will not be administered by the establishment unless this authorisation  
is completed and signed by the parents/guardians of the pupils.

(2) The Governors and Head Teacher/Head of Establishment reserve the right to  
withdraw this service.