



REQUEST FOR THE SCHOOL TO GIVE MEDICATION

Dear Headteacher

I request that _____ (FULL name of child)

be given the following medication at _____ (state time).

_____ Names of medicine

_____ and Dosage

The above medication is clearly labelled indicating contents, dosage and child's name in FULL.

I understand that the medicine must be delivered personally to Miss Cornish the Welfare Assistant and accept that this is a service that the school is **not** obliged to undertake.

Signed: _____ Parent/Guardian

Address: _____

Date: _____

Note: Medication will not be accepted in the school unless this letter is completed and signed by the parent or legal guardian of the child and administration of the medicine is agreed by the Headteacher.

The Headteacher reserves the right to withdraw this service.