

COLD HARBOUR C of E SCHOOL

Request for School to Administer Medication

I request that _____ (FULL name of child)

of _____ Class be given the following medication:

Name of medication:

Dosage:

at the following times during the day:

The above medication has been prescribed by a *doctor/*has not been prescribed by a doctor. It is clearly labelled indicating content, dosage and child's name IN FULL.

** Please delete as appropriate*

Please read and sign below

I understand that the medicine must be delivered personally to the school and that the school will only be able to administer the medicines if it can make the staff time available. I understand that I remain responsible for ensuring that my child receives the medication and that I may have to make the necessary arrangements if the school is unable to do so. I confirm that my child has taken the medication previously and has suffered no adverse reaction to the same.

Signed _____ (Parent)

Address _____

Date _____

For completion by the school

I agree to arrange for the administration of medicines as requested by the parent and described above.

Signed _____

Date _____