

Dear Head Teacher/Head of Establishment

**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 ..... 20 .....

Address .....

.....

.....

- Notes:**
- (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.