## PACKINGTON C. E. PRIMARY SCHOOL REQUEST FOR ADMINISTRATION OF MEDICINE

TO:	The Headteacher	FROM: Parent/Guardian of	
My ch	nild has been diagnosed as suff	ering from	(name of illness)
He /	She is considered to be fit for	school but requires the following <b>pre</b>	scribed medicine to be administered
durin	g school hours		(name of medicine)
Could	you please therefore, adminis	ter (dosage) at .	(time) with effect
from	(date)	to* (date)*	* Delete if long term medication
The n	nedicine should be administere	d by mouth**/in the ear**/nasally**/o	other** ** Delete as appropriate
admir	nister medication. I understan		dicines and have the right to refuse to ake to monitor the use of inhalers carried ny medication.
	ertake to update the school wain an indate supply of the med	3	routine or emergency medication and to
Signe	d	Parent/Guard	dian Date
Name	e of child	Class 1	Teacher
Name	e of Parent/Guardian		(Please print)
Conta	ct Details [telephone]: Hom	e Work	Mobile
		PACKINGTON C. E. PRIMARY SCH	<u>00L</u>
TO:	REQUEST FO	R ADMINISTRATION	
	The Headteacher	R ADMINISTRATION FROM: Parent/Guardian of	OF MEDICINE
My cł	The Headteacher nild has been diagnosed as suff	R ADMINISTRATION FROM: Parent/Guardian of Fering from	OF MEDICINE  (name of illness)
My ch	The Headteacher  nild has been diagnosed as suff  She is considered to be fit f	R ADMINISTRATION  FROM: Parent/Guardian of  Fering from  for school but requires the following	OF MEDICINE
My ch He / durin	The Headteacher  nild has been diagnosed as suff  She is considered to be fit figure such as suff	R ADMINISTRATION FROM: Parent/Guardian of Fering from for school but requires the following	OF MEDICINE  (name of illness)  prescribed medicine to be administered
My ch He / during Could	The Headteacher  nild has been diagnosed as suff  She is considered to be fit f  g school hours	R ADMINISTRATION  FROM: Parent/Guardian of  Fering from  for school but requires the following  ter(dosage) at	OF MEDICINE  (name of illness)  prescribed medicine to be administered  (name of medicine)
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