

**Woodland Grange Primary School**  
**Request for Administration of Medicines**

FROM: Parent/Guardian of \_\_\_\_\_ (full name of child)

DATE: \_\_\_\_\_

My child has been diagnosed as suffering from:

\_\_\_\_\_ (name of illness)

He/She is considered fit for school but requires the prescribed medicine to be administered during school hours:

\_\_\_\_\_ (name of medicine)

Could you please therefore administer:

\_\_\_\_\_ (dosage)

at \_\_\_\_\_ (time)

with effect from \_\_\_\_\_ (date)

to\* \_\_\_\_\_ (date)

The medicine should be administered by mouth\*\*/in the ear\*\*/nasally\*\*/other\*\*

\* Delete if long term medication.

\*\* Delete as appropriate

I understand that all staff are acting voluntarily in administering medicines and have the right to refuse to administer medication. I understand that the school staff cannot undertake to monitor the use of inhalers carried by children, and that the school is not responsible for loss or damage to any medication.

I undertake to update the school with any changes in administration for routine or emergency medication and to maintain an indiate supply of the medication.

Signed \_\_\_\_\_

Name of Parent/Guardian {Please print) \_\_\_\_\_

Name of Child \_\_\_\_\_

Contact Telephone No: Home \_\_\_\_\_

Work \_\_\_\_\_