

Parental Request for Administration of Medication

(Please enter information into the shaded areas)

To:	The Head teacher
School:	

I request that my son/daughter is given the following medication or clinical test by school staff as indicated below:

<u>Name of pupil</u>	<u>Date of Birth</u>	<u>Class/Teacher</u>	<u>Date request made</u>

Name of medical condition	
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(a) Details of medicine(s) and/or test(s)

<u>Name of medicine(s) or test(s)</u>	<u>Dosage</u>	<u>Time to be administered (am/pm)</u>	<u>Only as required (tick)</u>

(b) Please indicate the circumstances in which the medicine(s) or test(s) should be administered

(c) Dose of medicine(s) to be given and means of administration and/or technique for undertaking the test

(d) Length of time current supply of medicine(s) will cover

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Ongoing</u> <u>Medication and/or test kit to be replenished/updated regularly</u>

Name address and telephone number of GP or Paediatric Consultant

Name address and telephone number of parent/carer

I undertake to deliver the medicine(s) and/or test materials personally to school, and to replace them whenever necessary. I also undertake to advise you immediately of any changes in treatment prescribed by doctor or hospital.

Signed by:	Relationship to child:	Date:

