



Request for administration of medicines

To: Headteacher of Redmile Church of England School

From: Parent/Carer of _____ (insert your child's full name) **Class:** _____

Date: _____ My Child has been diagnosed as suffering from _____ (insert illness)

He/She* is considered fit for school but requires the following prescribed medicine to be administered during school hour's
_____ (insert 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 ** _____ (please specify route)

* Delete if long term medication ** Delete as appropriate

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

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

Signed: _____

Name of Parent/Carer: _____ (please

print) **Name of Child:** _____

Contact details: Telephone No. _____ (Home) _____ (Work)

Record of Administration 

