



**Request for medicine to be administered in school**

To: Headteacher

From .....(parent/guardian)

Child's Name ..... Class .....
--------------------------------

The doctor has advised that it is necessary for the named child to receive his/her medicine during school time for: ..... days/weeks

Name of medicine .....

Type (e.g.): Tablets/Mixture/Inhaler/Other .....

Dosage .....

Times of doses required in school .....

Any precautions, special arrangements or side effects: .....  
.....  
.....

I understand that the Headteacher and staff of the school cannot be held responsible for any problems which may arise from the administration of medicine when given in accordance with these instructions.

Signed .....(parent/guardian)

Date .....

