The Mease Federation Executive Headteacher: Miss Mills

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Parental request for the administration of medicines in school

To be completed by the parent / carer / guardian of any child requesting drugs to be administered under the supervision of school staff or where the child is bringing medicine into school which they will self-administer.

Name of child______________________________ Date of Birth______________________

Address___________________________________ School ________________________________

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Doctors Name _____________________________

Prescribed Medicines

The doctor has prescribed (as follows) for my child:

Name of drug or medicine to be given and any special storage instructions	When? (E.g. lunchtime? After food? When wheezy? Before exercise?)	How much? (e.g. half a teaspoon? One tablet? Two drops?	Route (e.g. by mouth or in each ear

Parent / Carer / Guardian Signature_____________________ Date________________

Grow and Flourish