



Dear Parent/Guardian,

If your child requires the administration of a medicine during the course of the school day, you will have to complete the form below and return it to the school office.

You must leave an up to date contact number, where we will be able to reach you if there are any concerns about the request. If we are unable to contact you, we will be unable to administer this medication

We will not administer any medications that are not labelled with the child's name or any product which has passed its sell-by date. It is your responsibility to ensure that the medications which we are provided with are suitable to give to your child.

Yours sincerely,

Mr N. Butler-Broad

Head Teacher

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**Authorisation to Administer Medication**

Name of Child: \_\_\_\_\_ Class: \_\_\_\_\_

Medication required (Including storage instructions): \_\_\_\_\_

\_\_\_\_\_

Duration of administration: From: \_\_\_\_\_ to: \_\_\_\_\_

Dosage: \_\_\_\_\_

Emergency Contact Name and Number: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

**Signature of staff administering medicine:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_