

Dear Headteacher, Elemore Hall School

**ADMINISTRATION OF MEDICATION**

I request that ..... (name of child in full)

be given the following medication .....

.....

..... (name and type of medication)

that has been prescribed by a registered medical practitioner.

The medication should be given at the time(s) and dosage(s) listed below.

Time	Dosage	Medication

I understand that all medication must be delivered to school by me (if no arrangement for split prescribing has been made) and that all medication must be contained in its original packaging with its original label attached.

Signed:- ..... Parent/Carer

Address:- .....

.....

.....

Date:- .....

**Notes:-**

Medication will not be administered by school staff unless this authorisation is fully completed and signed by the parent/care of the pupil

Medication will not be administered by school staff if supplied in a non-original container or with inadequate labelling.

I also understand that administration of medication is a service that is subject to agreement with the school and that the Governors and Headteacher reserve the right to withdraw this service.