

# Parental Request for Medication to be Administered

*The need for medication to be administered to pupils during school hours must be supported by a parent or guardian's written request. It is only possible to administer medication prescribed by the child's doctor. 'Over the counter' medication cannot be administered by school staff.*

*It is also important to keep the administration of medication to a minimum and parents are requested to consider the possibility of administering the daily doses out of school hours. If this is not possible, the following consent form must be completed.*

**To: Headteacher (name)** \_\_\_\_\_

**School (name)** \_\_\_\_\_

I wish my child (name) \_\_\_\_\_ Class \_\_\_\_\_  
to have the following medicine administered by school staff as indicated:

- (i) Name of Medication \_\_\_\_\_
- (ii) For how long will your child require this medication? \_\_\_\_\_
- (iii) Time at which to be given \_\_\_\_\_
- (iv) Amount to be given \_\_\_\_\_
- (v) Means of administration \_\_\_\_\_
- (vi) Special Precautions ((if any, please attach details)
- (vii) Procedures to take in case of emergency (please attach details)

I undertake to deliver the medicine personally to you and to replace it whenever necessary. I also undertake to advise you immediately of any change of treatment prescribed by the doctor or hospital.

**Signed:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_

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