

# LANGLEY FIRST SCHOOL

## Parental Request for Medication to be Administered

To Headteacher of Langley First School

I wish my child (Name) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

to have the following medicine administered by School Staff as indicated:

a) name of medication (as described on the container)

\_\_\_\_\_

b) time(s) of day to be given:

\_\_\_\_\_

c) amount to be given, and specify how the medicine is to be given e.g. as drops, by mouth etc:

\_\_\_\_\_

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

**I have read the Administration of Medication to pupils as issued by the school, and realise that although the school will act with all reasonable care, I am still responsible for the administration of medication to my child.**

Signed (parent/carer): \_\_\_\_\_ date: \_\_\_\_\_

\_\_\_\_\_

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