



FALCONHURST SCHOOL

REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

I request that _____ (FULL name of child)

of _____ Class be given the following medication:

at the following times during the day:

The above medication has been prescribed by a doctor and is to be taken four times a day. It is clearly labelled indicating content, dosage and child's name IN FULL.

Please read and sign below

I understand that the medicine must be delivered personally to the school and that the school will only be able to administer the medicines if staff are willing and able too. I understand that I remain responsible for ensuring that my child receives the medication and that I may have to make the necessary arrangements if the school is unable to do so.

Signed _____ (Parent)

Address _____

Date _____

For completion by the school

I agree to arrange for the administration of medicines as requested by the parent and described above.

Signed _____ Date _____