

**Basildon CE Primary**

**Parental Request for**

**School to Administer Medication**

Dear Headteacher,

I request that medication is given to my child as detailed below:

|  |  |
| --- | --- |
| **NAME** |  |
| **YEAR** |  |
| **CLASS** |  |
| **MEDICINE** |  |
| **DOSAGE** |  |
| **TIME TO BE GIVEN** |  |
| **ON THE FOLLOWING DATES** |  |

|  |  |
| --- | --- |
| **THIS MEDICATION MUST BE STORED IN A FRIDGE AT ALL TIMES** | **YES / NO\*** |

I confirm that:

|  |  |
| --- | --- |
| The above medication has been prescribed by the family doctor | **YES / NO\*** |
| It is clearly labelled indicating the contents and child’s full name | **YES / NO\*** |
| I understand that the medicine must be delivered by **A PARENT/GUARDIAN** directly to the School Admin Office | **YES / NO\*** |
| **The medication will be collected at the end of each school day** | **YES / NO\*** |
| I accept that this is a service which the school is not obliged to undertake | **YES / NO\*** |

|  |  |
| --- | --- |
| I understand that * the medication will not be accepted by the school unless this letter is completed and signed by a parent or legal guardian of the child
* the administration of the medicine is agreed by the Headteacher, or their representative
 | **YES / NO\*** |
| **SIGNATURE** |  |
| **DATE** |  |

***TO BE COMPLETED BY SCHOOL ADMIN TEAM:***

|  |  |
| --- | --- |
| **NAME** |  |
| **CLASS/YEAR** |  |
| **MEDICINE/DOSAGE** |  |
| **TIME TO BE GIVEN** |  |
| **ON THE FOLLOWING DATES** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Time** | **Dosage** | **Initials** |
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