

BRIMPTON PRIMARY SCHOOL

REQUEST TO ADMINISTER MEDICATION

Dear Headteacher

I request that (Full Name of Child)
be given the following medication:

Name of Medicine and Dosage:

.....

at the following times during the day:

.....

.....

.....

NB. We are no longer allowed to administer aspirin or ibuprofen unless it has been prescribed by the doctor. Schools must not administer it. Thank you.

The above medication has been prescribed by the family doctor. It is clearly labeled indicating contents, dosage and child's name in full.

I accept that this is a service, which the school is not obliged to undertake.

Signed (Parent/Guardian)

Address

.....

Date:

Note: Medication will not be accepted in the school unless this letter is completed and signed by the parent or legal guardian of the child and administration of the medicine is agreed by the Headteacher.

The Headteacher reserves the right to withdraw this service.