**Request for Medicine to be Administered in School**

I would be grateful if the following dosage of medicine could be given to my child as prescribed by my doctor.

**Child’s Name:**

**Class:**

**Dosage:**

**Dates:**

I understand that due to the organisation of the school day and the demands already placed upon members of staff, that the dosage cannot always be given at the exact time.

**PLEASE NOTE THAT WE ARE UNABLE TO ADMINISTER MEDICINES UNLESS THEY HAVE BEEN PRESCRIBED BY A MEDICAL PROFESSIONAL AND IN THE CASE OF ANTIBIOTICS, THEY ARE REQUIRED MORE THAN 4 TIMES DAILY.**

**MEDICINE USE BY DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signed Date