

Dear Head Teacher/Head of Establishment: **Cestria Primary School**

**Administration of Medication in  
Educational Establishments**

I request that..... (name of child in full) be given the following medication, which has been prescribed by a registered medical practitioner:

..... (Name of medicine)

..... (Dosages)

..... (Methods of administering the medicine)  
at the following times during the school day:

.....  
.....  
.....

I understand that the medicines must be delivered personally by me to ..... (nominated representative) and that this is a service which is subject to agreement with the school.

Signed ..... (Parent/Guardian)

Date ..... 200 .....

Address .....

.....

.....

**Notes:** (1) Medication will not be administered by the establishment unless this authorisation is completed and signed by the parents/guardians of the pupils.

(2) The Governors and Head Teacher/Head of Establishment reserve the right to withdraw this service.