

**ADMINISTRATION OF MEDICATION IN  
EDUCATION ESTABLISHMENTS**



I request that ..... be given the following medication,  
which has been prescribed by a registered medical practitioner.

Name of medicine .....

Dosage.....

Method of administering .....  
the medicine

Time to be administered .....

Signed ..... (Parent / Guardian)

Date .....

- Please note: (1) Medication will not be administered by the  
Establishment unless this authorisation is completed and signed  
by the parents/guardian of the pupil.
- (2) The Governors and Head Teacher/Head of Establishment  
reserve the right to withdraw this service.

Signed ..... (Headteacher)