



REQUEST TO ADMINISTER MEDICINE

To: Sister Hughes/Sister Davies

..... **(Name of Student)** in **(Form)**

has been diagnosed as suffering from **(Name of Illness)**.

She is considered fit for school but requires the following prescription medicine to be administered during school hours **(Name of Medicine)**.

The name and contact details of the doctor who prescribed the medicine are:

Name of GP:

Contact details: **(Tel. No.)**

Please administer **(dosage)** at **(time)**

from **(date)** to **(date)**

How should the medicine be kept and stored?

Please give any further instructions

Emergency contact details of parent or guardian making request:

Parent:..... Tel No:

Other:..... Tel No:

(please specify relationship to student)

The above information is accurate to the best of my knowledge at the time of writing, and I give consent to the school to administer the medication in accordance with the school policy. I will inform the school in writing of any changes to the above information.

Signed:..... **Date:**

(Parent/Guardian)