



WOOTTON COMMUNITY PRIMARY SCHOOL

REQUEST FOR MEDICINE TO BE ADMINISTERED IN SCHOOL

In line with our school medication policy, we are only able to administer prescribed medication which is labelled for your child.

Pupil's Name

Class

My child has been diagnosed as suffering from.....(name of illness).

He/She is considered fit to attend school but requires the following prescription medicine to be administered under supervision during school hours.

.....(name of medicine)

Could you please therefore administer:

Medication	Dosage	Time

I shall inform the school of any change in medicine and I also understand that I am responsible for replenishing medicines where necessary and checking the expiry date.

For Year 4, 5 and 6 children that walk home unaccompanied by an adult, I give permission for my child to carry their medicine home of which they are responsible for collection of from the school office at the end of the day. (please tick) ☐

Signed.....Parent/Carer

Date.....

[illegible]