



Parental Agreement for School to Administer Medicine - Long Term

Dear Headteacher,

I request that _____ (FULL name of child)
be given the following medication:

Name of Medicine/s: _____

Dosage: _____

At the following time/s during the day: _____

The medicine has been prescribed by their Doctor / Consultant to manage their
diagnosed condition (please state) _____

(Inhalers only: what causes their breathing problems e.g. sports, hayfever, cold etc.)

The medicine/s: Can be kept in a cupboard Must be stored in the fridge
(parent/carer to provide an airtight container)

I understand the medicine must be delivered personally to the office and accept
that this is a service which the school is not obliged to undertake.

Signed: _____ Date: _____

Address: _____

*Note: Medication will not be accepted in the school unless this letter is completed
and signed by the Parent or Legal Guardian of the child and administration of
the medicine is agreed by the Headteacher.*

The Headteacher reserves the right to withdraw this service.

Office Use Only

Office	<input type="checkbox"/>	Class	<input type="checkbox"/>
--------	--------------------------	-------	--------------------------