

MEADOW VALE PRIMARY SCHOOL



Parental Agreement for School to Administer Medicine - Short Term

Dear Headteacher

I request that _____ (FULL name of child) Class _____

be given the following medication:

Name of Medicine: _____

Dosage: _____

At the following time/s during the day: _____

The medicine/s:

Can be kept in a cupboard

Must be stored in the fridge
(parent/carer to provide an airtight container)

I confirm this medicine has been prescribed by the doctor.

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.