



**PARENTAL REQUEST FOR SCHOOL TO ADMINISTER PRESCRIBED MEDICATION**

This form must be completed by parents/carers before any prescribed medicines can be administered by school staff.

Child's Name:	
Child's Tutor Group:	
Prescribed Medication:	
Dosage to be given:	
Time and frequency to be given:	
Date:	
Signed:	
Please print Name:	
Relationship to child:	