



Woodland Grange Primary School

Request For Administration of Medicine

General Care Plan Request For Administration of Medicine			
To:			
From: Parent/Guardian			Full Name of Child.
My child has been diagnosed as having (name of condition).			
He/She is considered fit for school but requires the following prescribed medicine to be administered during school hours			
			(name of medicine).
If a child requires a dosage of 3 times a day please administer before and after school. However should a child require a dosage 4 times a day. 1 dose may be administered at lunchtime.			
Could you therefore administer		(Dosage) at	(Time)
With effect from		(date)*to*	(Date)
The medicine will be administered by mouth**/in the ear**/nasally**/other**			
*Delete if long term medication. / **Delete as appropriate.			
I undertake to update the school with any changes in routine, use or dosage of medication and to maintain an in date supply of the medication.			
I understand that all staff are acting voluntarily in administering medicines and have the right to refuse to administer medicine. I understand that the school staff cannot undertake to monitor the use of inhalers carried by the children, and that the school is not responsible for loss or damage to medication.			
Signed		Date	
Name of Parent/Guardian		(Please print)	
Name of Child			
Contact Details:	Telephone No Home		
	Telephone No Work		
	Telephone No Mobile		