

Appendix 2
Prescribed Medicine – Parental Request

Part 1 – Parental Request

Child's Name:	Class:	D.O.B.:
---------------	--------	---------

The doctor has prescribed my child the medication listed below and I would like the school to administer it from now until further notice, as prescribed on the label.

1	Name of Medication:	
	Dosage Instructions:	
2	Name of Medication	
	Dosage Instructions:	

Parent Signature: _____

Date: _____

Headteacher Signature: _____

Date: _____

Date medications received in school:	Date medication handed back to parent:
Staff signature:	Parent Signature:

Use reverse of this sheet to record administration of medicine.

