Logo, company name

Description automatically generated

**ADMINISTERING MEDICINES – PARENTAL REQUEST FORM**

In order for a child to receive prescribed medicines (e.g. antibiotics), the form below must be completed and signed by the child’s parent. **Staff cannot administer prescribed medicines without written permission. All medicines must be clearly marked with the child’s full name and the prescribed dosage.**

To be completed by parent/guardian:

Full name of child

(in capitals)

Name of parent/

guardian

Full name of prescribed

medicine/lotion

First dose due in school/day care

Date: Time: Amount:

Second dose due (if applicable)

Date: Time: Amount:

Subsequent dates on which medicine is to

be administered (if applicable)

Date for last dose(s)

I request the school to give the doses

of medicines as shown above

Signature

Date

Revised: 2023/01/10 Next review: 2024/01/10 Approved by Governors

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