

**Greenhaugh Primary School**

**Parental Request for Prescribed Medication to be administered**

*The need for monitoring the administration of medication to pupils during school hours must be supported by a parent or guardian's written consent.*

*It is only possible to monitor medication prescribed by the child's doctor. School staff cannot monitor 'over the counter' medicines.*

*Parents are asked to consider the possibility of administering daily doses out of school hours. If this is not possible, the following consent form must be completed.*

To:                   **Mrs Amanda P Taylor**  
                          **Headteacher, Greenhaugh Primary School**

I wish my child ..... to have the following medicine monitored (e.g. inhalers of asthma) by school staff.

Name of medication: .....

How long will your child require this medication? .....

Time at which to be taken: .....

Amount to be taken: .....

Means of administration: .....

Special precautions if any – please attach details to this form.

**We request e.g. in the case of asthma, that if your child has already had medication before coming to school, that you write and inform us on that morning.**

**Procedures to be taken in case of emergency – please attach to this form.**

I undertake to deliver the medicine personally to you and to replace it whenever necessary. I also undertake to advise you immediately of any change of treatment prescribed by the doctor or hospital.

Signed: .....                    Date: .....

Relationship to Child: .....