



Cossington C.E. Primary School

'Care and achievement through teamwork'

Main Street, Cossington, Leicestershire, LE7 4UU
Head Teacher: Heather Sewell
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REQUEST FOR ADMINISTRATION OF MEDICINES

TO: The Head Teacher of Cossington C.E. Primary School
FROM: Parent/Guardian of(full name of child)
DATE:

My child has been diagnosed as suffering from
(name of illness)

He/she is considered fit for school but requires the following prescribed medicine to be administered during school hours:
.....

Could you please, therefore, administer(dosage) at(time)
with effect from(date) to* (date)*

The medicine should be administered by mouth**/ in the ear**/ nasally**/other (please specify)**

*Delete as appropriate.

I understand that all staff are acting voluntarily in administering medicines and have the right to refuse to administer medication. I understand that the school staff cannot undertake to monitor the use of inhalers carried by children, and that the school is not responsible for loss or damage to any medication.

I undertake to update the school with any changes in administration for routine or emergency medication and to maintain an in-date supply of medication.

Signed:

Name of Parent/Guardian:

Name of Child:

Contact Details: Telephone No; Home:

Telephone No. Work:

