



Leicester Grammar School Trust

Request for Administration of Medicines

Child's name..... Class.....

Has been diagnosed as suffering from:

.....

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

Name of medicine:	
Route of administration: mouth/ ear/nasally/other	
Start Date:	
End Date:	
Time of Administration:	

I understand that all staff are acting voluntarily in administering medicines and have the right to refuse to administer medication. I will update the school with any changes in the child's health and administration medication plan and will maintain an in-date supply of the medication.

Signed:

Name of Parent / Guardian: (Please Print)

Telephone Numbers:

Home: Work:

Mobile:



To be completed by staff:

Date	Time	Dose	Signature