

Dear Mrs Grimwood,

Administration of Medication in

Durham Trinity School & Sports College

I request that ..... (name of child in full) be given the following medication, which has been prescribed by a registered medical practitioner.

NAME OF MEDICINE: .....

DOSAGES: .....

Method of administering the medicine: .....

.....

at the following times during the school day - .....

.....

.....

I understand that the medicines must be delivered personally to me to ..... (nominate representative) and that this is a service which is subject to agreement with the school.

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

Address: .....

.....

.....

.....Telephone: .....

**NOTES:** 1) *Medication will not be administered by the establishment unless this authorisation is completed and signed by the parents/guardians of the pupils*

2) *The Governors and Head Teacher/Head of Establishment reserve the right to withdraw this service*