PARENTAL REQUEST FOR SCHOOL ADMINISTRATION OF MEDICATION

ST PETER'S

PREPARATORY SCHOOL

Name of Child :……………………………………………………………………………….. Date: ……………/………..…./……..……

Please assist by giving my child the medicine I have provided according to the instructions on the packaging:

Name of Medication:……………………………………………………………………..……………………………

My Child has been unwell with:……………………………………………………………………………………….…………………

I confirm that:

The medicine is in its original container, labelled with my child's name. ☐

The medicine is within date code. ☐

Parents Signature…………………………………………… Print Name:……………………………………… Issue