AVENUE PRIMARY SCHOOL
Avenue Road Extension, Leicester, LE2 3EJ
Telephone: 0116 2708326
e-mail: office@avenue.leicester.sch.uk
website: www.avenue.leicester.sch.uk

Headteacher – Mrs J Goddard

Request for administration of prescribed medicines

To: Head of Avenue Primary School

From: Parent/Guardian
of.....Class.....

Date:.....

My Child has been suffering from
.....

He/She is considered fit for school but requires the following prescribed medicine to be administered during school
hours.....(name of medicine)

Could you 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 if long term medicine
**Delete as appropriate

I understand that staff may be 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 medicines 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 the medication.

Signed.....Date.....

Name of
Parent/Guardian.....(please print)

Name of
Child.....(please print)

Contact Details: Telephone No: Home.....
Work.....
Mobile.....

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DATE:	TIME:	DOSAGE:	ADMINISTERED BY: