

Parent Name

Date

Dear Mrs Gibbons,

My child \_\_\_\_\_ of class \_\_\_\_\_ needs to have medication administered at school. The medication is \_\_\_\_\_(name) and he/she needs to have \_\_\_\_\_(dose) at \_\_\_\_\_(time / day) daily (please list the dates for administering medication).

I understand that the medication will be administered by a member of the Non-Teaching Executive and records will be kept. I understand that it is my responsibility to ensure medication supplied to the school is kept up to date.

I will immediately inform the school if there are any changes to my child's medication.

Yours faithfully,