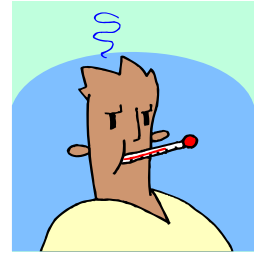


CHURCH OF THE ASCENSION C.E. PRIMARY SCHOOL



Dear Head

Request to supervise the administration of medicines to my child

I would confirm that my child ..... Class ..... requires the following medicines to be taken in accordance with medical advice (see attached medical note if provided)

Medicine	Time Required	Amount

Would you please either: -

Please tick one box

A. Hold the medicine in school and arrange for the supervision of my child to ensure that he/she takes the medicine as detailed above.

B. Hold the medicine and assist my child to take the medication as detailed above

In making this request I accept full responsibility for my child's welfare.

Signed (Parent) ..... Date .....

Decision by Headteacher

1. I agree/disagree to undertake your request (please delete)
2. To establish a written record of action taken (see over)
3. Make arrangements for the storage of the medicine

Signed (Headteacher) ..... Date .....