

Template: letter to give consent for the administration of prescribed medication

School Address...

Your address...

Date...

Dear Head teacher

Re: Consent for Prescribed Medication

I am writing to inform you that (Child's name) has been prescribed the following medication by his/her GP

..... (Medication Name)
..... (Medication Dose)
..... (Administration method)

This medication is required at the following times during the school day and whilst under school supervision:

.....
.....
..... (Intervals or circumstances)

It is necessary for the medication to be stored by the school and made available to (Child's name) at the necessary times, listed above.

..... (Child's name) is/is not able to administer this medication independently and therefore will/will not require assistance from a trained member of staff.

I hereby give my consent for the above to take place during school hours and while my child is under school supervision. I agree to take responsibility for the delivery of the medication to the school and ensuring that all medication is within the expiry date

If you require further information please do not hesitate to contact me.

Kind regards,

.....
Parent/Carer