

## Appendix 3

## Non-Prescribed Medicine – Parental Request

## Part 1 – Parental Request

Child's Name:	Class:	D.O.B.:
Dear Headteacher, request for the following non prescribed m	nedication to be given to my child:	
Name of Medication:		
Dosage Instructions:		
Please specify the exceptional circumstance	s why this request should be accep	oted:
Parent Signature:	Date:	
Headteacher Signature:		
Date medications received in school:	Date medication h	anded back to parent:
Staff signature:	Parent Signature:	

Use reverse of this sheet to record administration of medicine.

Document Name: Suppt With Med Condns - Appdx 3 v1

Document current on day of printing

Last Reviewed: September 2019 Page **1** of **2** Policy Review Date: September 2020



## Part 2 – Record of administration

Date	Time	Medication	Signature