

**Appendix 3**  
**Non-Prescribed Medicine – Parental Request**

**Part 1 – Parental Request**

Child's Name:	Class:	D.O.B.:
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Dear Headteacher,  
I request for the following non prescribed medication to be given to my child:

Name of Medication:	
Dosage Instructions:	

Please specify the exceptional circumstances why this request should be accepted:

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Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Headteacher Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date medications received in school:	Date medication handed back to parent:
Staff signature:	Parent Signature:

Use reverse of this sheet to record administration of medicine.

[illegible]