



learning in partnership

Sir Eric Woodward School

REQUEST FOR MEDICATION/ OINTMENT/ DROPS TO BE ADMINISTERED AT SCHOOL

Dear
(class teacher)

Please find enclosed (please circle) medication/ ointment/ eye drops/ ear drops and details for administration as follows:

Name of student: _____

Class: _____

For the condition of: _____

Name of drug: _____

Prescribed by doctor: (please circle) YES NO

Dosage required: _____

Time for administration: _____

Method of administration:

Medication has been supplied in original packaging and any ongoing change to the above will be supplied on a new request form.

I give consent for this medication to be given to my child whilst he/she is at school.

Name of parent: _____

Signature: _____

Date: _____

Note: this form is for your use should your child require intermittent medication, eg drops, antibiotic, etc.