

Confirmation of Headteacher's agreement to administer medicine

It is agreed that _____ *[name of child]* will receive
_____ *[quantity and name of medicine]* every day at
_____ *[time medicine to be administered e.g. Lunchtime or
afternoon break]*.

_____ *[name of child]* will be given/supervised whilst he/she
takes their medication by _____ *[name of member of staff]*.

This arrangement will continue until _____ *[either end date
of course of medicine or until instructed by parents]*.

Date: _____

Signed: _____

[The Head teacher/Head of Setting/Named Member of Staff]