



Summerseat Methodist Primary School

Request to Administer Medication

Name of child: _____ Class: _____

I, _____ request that Mrs Mason or Mr Griffith administer _____ (dosage) of _____ (medicine) at _____ (time) to my child from _____ (start date) to _____ (end date).

Additional information e.g. any possible reactions:

Should this medicine be stored in the fridge: YES / NO

Signed: _____ Date: _____

Date	Dosage administered	Administered by:	Witnessed by: