



Hartwell Primary
School

**AUTHORISATION FOR SCHOOL
TO ADMINISTER MEDICINE TO PUPIL
2018 - 2019**

TO WHOM IT MAY CONCERN

I request that my child
in class be given medication.

The dose is

.....
.....
.....

**PLEASE ENSURE ALL MEDICATION IS CLEARLY LABELLED WITH YOUR
CHILD'S NAME AND CHECK THAT IT IS IN YOUR CHILD'S POSSESSION
AT THE END OF THE SCHOOL DAY (IF APPLICABLE).**

Signed Dated