

Whitemoor Academy, Whitemoor, St. Austell, Cornwall, PL26 7XQ

01726 822274 Website: www.whitemoor.org.uk

Head of School: Mrs Gemma Hooper

**REQUEST FOR THE ADMINISTRATION OF MEDICINE**

I wish my child …………………………………………………………..….. to have the

following medicine administered by the School Staff as indicated below:

Name of medicine …………………………………………………………………………

Time(s) at which it is to be taken …………………………………………………………..

……………………………………………………………………………………………….

Amount to be given each time ………………………………………………………………

I undertake to provide each dose in a clearly labelled container, to deliver the medicine personally to a member of staff each day and to inform the School when the course is complete.

Signed ……………………………………

Date ………………………………………

  