

## Appendix 7



### **Confirmation of the Headteacher's agreement to administer medication**

Name of school / setting \_\_\_\_\_

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** \_\_\_\_\_

*(Mr. Stitchman, Headteacher)*