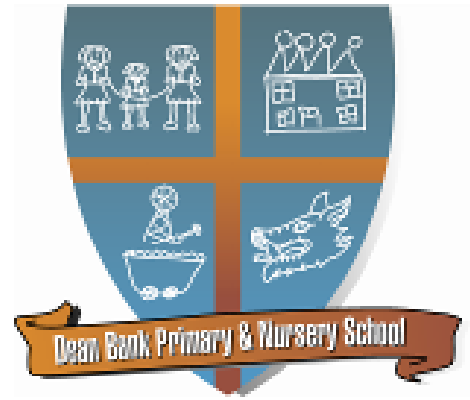


# Dean Bank Primary and Nursery School

Dean Bank, Ferryhill,  
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Headteacher: Mrs P Northcott



Dear Headteacher/Head of Establishment

## Administration of Medication in School

I request that \_\_\_\_\_ (name of in full) be given the following medication, which has been prescribed by a registered medical practitioner:

Name of Medicine	Dosage(s)	Methods of administering the medication	Time medication to be given

I understand that the medicines must be delivered personally by me to Mrs Emmerson or Mrs Gilyeat (nominated representative) in the School Office and that this is a service which is subject to agreement with the school.

Signed (parent or guardian)	Date	Address

### Notes:

1. Medication will not be administered by Dean Bank Primary and Nursery School unless this authorisation is completed and signed by the parents/guardians of the pupil
2. The Governors and Headteacher of Dean Bank Primary and Nursery School reserve the right to withdraw this service