



Head Teacher: Ms Laura Hewer  
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**HOST BOROUGH**  
 Director of Children's Services:  
 Linzi Roberts-Egan

If telephoning ask for:

Our ref.:

Your ref.:

Date:

Dear Parent/Carer,

It would be helpful if you could include medical details relating to your child's condition so that we can include your directions on our data base and authorise the school staff to administer the medication.

Child's name: \_\_\_\_\_ Male/Female

Class: \_\_\_\_\_

Address: \_\_\_\_\_

D.O.B: \_\_\_\_\_

Medical Condition/Allergy: \_\_\_\_\_

Name of medication (as described on the container) \_\_\_\_\_

Dose required: \_\_\_\_\_

Timings of dose: \_\_\_\_\_

Self administration or to be given by adult: \_\_\_\_\_

Procedures to take in an Emergency: \_\_\_\_\_

**CONTACT DETAILS:**

Name: \_\_\_\_\_

Relationship to pupil: \_\_\_\_\_

Daytime telephone number: \_\_\_\_\_

I understand that I must deliver the medicine to the class teacher or teacher assistant and accept that this is a service which the school is not obliged to undertake.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to child: \_\_\_\_\_





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