

Tel/Fax: 01840 261344
Email: head@otterham.cornwall.sch.uk
www.otterhamschool.co.uk
Headteacher: Mrs H Ward

I request that you administer medicine to my child as follows:

Medication

Dose

Days _____

Time / Date Parent Last administered Dose _____

Parent/Guardian Signature _____ Date _____

[illegible]