

WAUN WEN PRIMARY SCHOOL

REQUEST FOR SETTING TO ADMINISTER MEDICATION

The school will not give your child medication unless you complete and sign this form, and the Headteacher has agreed that staff can administer the medication.

CHILD'S DETAILS

Full name _____

Address _____

D.O.B _____ Class _____ Gender _____

MEDICATION

Condition or illness _____

Name/type of medication (as described on container) _____

For how long will your child take this medication _____

Date dispensed _____

Dosage & Method _____

Timing _____

Special Precautions _____

Side Effects _____

Self Administration _____

Procedures to take in an emergency _____

PARENTS / CARERS CONTACT DETAILS

Name _____

Relationship to child _____

Telephone (Home) _____ (Work) _____

Mobile _____

I understand that I must deliver the medication personally to the Childcare Manager, and accept that this is a service which the setting is not obliged to undertake.

Signed _____

Date _____

Relationship to child _____