Warmingham CE Primary School

School Lane, Warmingham, Cheshire, CW11 3QN
01270 526260

Headteacher: **Mrs Kate Appleby**
head@warminghamce.cheshire.sch.uk
admin@warminghamce.cheshire.sch.uk

'A Caring Christian Family Where We Grow Together'

Dear Headteacher

I request that ……..(full name of Pupil) be given the following medicine whilst at School:

Date of birth……..Group/class/form……

Medical condition or illness……..

Name/type of medicine……..(as described on the container/packaging)

Expiry date……..Duration of course……..

Dosage and method……Time(s) to be given……..

Other instructions……..

Self-administration Yes/No (please indicate)

The above medication has been prescribed by the family or hospital doctor (Health professional note received as appropriate). It is clearly labelled indicating contents, dosage and child's name in FULL.

Name and telephone number of GP……

I understand that I must deliver the medicine personally to (agreed member of staff) and accept that this is a service that the school/setting is not obliged to undertake. I understand that I must notify the school setting of any changes in writing.

Signed……..Print Name……..Date……..
(parent/Guardian)

Daytime telephone number……..

Address……..

……..

Commencement of medication in school date……

Note to:

1. Medication will not be accepted by the school unless this form is completed and signed by the parent or legal guardian of the child and that the administration of the medicine is agreed by the Headteacher/
2. Medicines must be in the original container or packaging as dispensed by the Pharmacy.
3. The agreement will be reviewed on a termly basis.
4. The Governors and Headteacher reserve the right to withdraw this service.

Let Your Light Shine
Matthew 5:16

Medication Name	Date	Time	Sign in	Print name	Date	Time	Sign out	Print name

Let Your Light Shine

Matthew 5:16