



Cavendish Community Primary School

Cavendish Road, West Didsbury, M20 1JG

Tel: 0161 445 1815

Email: office@cavendish.manchester.sch.uk

Website: www.cavendish.manchester.sch.uk

Executive Headteacher: Mrs Jennifer Holden

Head of School: Miss Sian Evans

Assistant Headteachers: Miss Sarah Conway, Miss Sarah Hopkins, Mr Kevin Foster



PRESCRIBED MEDICATION

Medication cannot be administered without full completion of this form

Date medication received in school:

Last date to be administered:

I have handed over to a member of Cavendish Primary School, medication prescribed by the doctor/hospital/dentist for my child _____ in class _____

Medicine name	Dosage	At Time
_____	_____	_____

I confirm I wish a member of the school staff to administer this medication on my behalf as detailed above.

Yours sincerely

_____ Parent/Carer Name

_____ Signature of Parent/Carer

_____ Signature of member of staff receiving medication from parent/carers

_____ Date



Leading Parent
Partnership Award



Office Use Only

MONDAY: Date: _____ Time: _____ Dose Given: _____

Signed: _____ (Member of Staff administering medication)

TUESDAY: Date: _____ Time: _____ Dose Given: _____

Signed: _____ (Member of Staff administering medication)

WEDNESDAY: Date: _____ Time: _____ Dose Given: _____

Signed: _____ (Member of Staff administering medication)

THURSDAY: Date: _____ Time: _____ Dose Given: _____

Signed: _____ (Member of Staff administering medication)

FRIDAY: Date: _____ Time: _____ Dose Given: _____

Signed: _____ (Member of Staff administering medication)

MONDAY: Date: _____ Time: _____ Dose Given: _____

Signed: _____ (Member of Staff administering medication)

TUESDAY: Date: _____ Time: _____ Dose Given: _____

Signed: _____ (Member of Staff administering medication)

WEDNESDAY: Date: _____ Time: _____ Dose Given: _____

Signed: _____ (Member of Staff administering medication)

THURSDAY: Date: _____ Time: _____ Dose Given: _____

Signed: _____ (Member of Staff administering medication)

FRIDAY: Date: _____ Time: _____ Dose Given: _____

Signed: _____ (Member of Staff administering medication)

Medication collected by _____ **Date** _____



Leading Parent
Partnership Award

