

Headteacher – Mrs S Brereton St Wilfrid's C. E. Primary School Mabel Street Newton Heath M40 1GB Tel:0161 681 1385 Fax:0161 681 1318

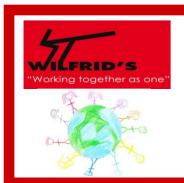
Email: <u>admin@st-wilfrids.manchester.sch.uk</u> Website: www.stwilfridsceprimary.co.uk

September 2019

Parental agreement for school to administer medicine:

The school will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that staff can administer medicine.

Name of School/Setting:	ST WILFRID'S CE PRIMARY SCHOOL
Name of Child:	
Date of Birth:	
Group/Class/Form:	
Medical condition/illness:	
MEDICINE Name/Type of Medicine	
(as described on container)	
Date Dispensed:	
Expiry Date:	
Agreed review date to be Initiated by (name of staff r	nember)
Dosage and Method:	
Timing:	
Special Precautions:	
Are there any side effects that the school/setting need	Is to know?
Self Administration:	Yes/No (delete as appropriate)
Procedures to take in an Emergency:	
CONTACT DETAILS	
Name:	Telephone No
Relationship to Child:	
Address:	



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I understand that I must deliver the medicine personally to (agreed member of staff) and accept that this is a service that the school is not obliged to undertake.

understand that I must notify the school of any changes in writing.
ate:
ignature(s):
elationship to child:

PLEASE NOTE ALL MEDICINE PRESCRIBED BY A DOCTOR MUST BE PRESENTED IN THE ORIGINAL PACKAGING AND BE LABELLED WITH THE CHILD'S NAME

