

FORM 1 – TO BE COMPLETED BY PARENT/GUARDIAN



Park CP School Llay needs your permission to give your child medicine. Please complete and sign this form to allow this.

Personal Details

Name of child	
Date of birth	
Class	
Medical condition/illness	

Medicine

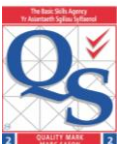
Name/Type of medicine	
Date dispensed	
Expiry date	
Dosage	
Time	
Special precautions	
Any side effects that the school Needs to know about	
Self administration (delete as appropriate)	Yes / No

Parent Contact Details

Name of contact	
Contact number	
Relationship to child	
Address	

- I understand that I must deliver the medicine personally to school
- I understand that I must notify the school of any changes in writing.
- I understand that only the Headteacher or in her absence the Deputy Headteacher may administer medicine.
- **I give permission for my child to be administered Calpol/Piriton if necessary.**

Signature of parent **Date**



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Please address all communications to
the Headteacher



