



Llangewydd Junior School

Headteacher: Mrs K Green; Deputy Headteacher: Mrs L Evans; Assistant Headteacher: Mr D Evans.

ALNCo: Mrs T Porter; Other senior leadership team members: Mrs W Mitchell Mrs S Jones. Administration: Miss C J Jury

MEDICAL ADMINISTRATION FORM

Parents/guardians: This form is for your completion. Please note that whilst the school will endeavour to ensure that your child is given the above medication, we cannot accept responsibility if it is forgotten or not administered on time. Medication will not be accepted by the school until this form has been completed and signed by the parent or legal guardian.

Medical form date: _____

Pupil's name and J number: _____

Date of birth: _____

Parent/Carer: _____

Relationship to pupil: _____

Name of medicine: _____

Dosage: _____

Expiry date of medicine: _____

I give permission for a staff member to give my child medication as stated above.

Signed: _____

