



Llangewydd Junior School

Headteacher: Mr N Clode; Deputy Headteacher: Mrs L Evans; Assistant Headteacher: Mr D Evans;
ALNCo. : Mrs T Porter; Other senior leadership team members: Mrs J Davies, Mrs W Mitchell & Miss Y Davies

Annwyl Rieni/Gwarchodwyr,
Dear Parents/Carers

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 + class teacher's name and J number: _____

Date of birth : _____

Next of Kin : _____

Relationship to pupil : _____

Name of prescribed medicine: _____

Prescribed dosage: _____

Expiry date of medicine: _____

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

Signed : _____

Staff: This form must be visible to any staff when administering medicine. No agency staff are allowed to administer medicine. **This form is applicable to both prescribed and 'over-the-counter' medicine, without exception (even Calpol).** No member of staff is contracted to administer medicine and must only do so if they feel competent and fully advised on its administration. **If uncertain please refer to the 'Administration of Medicines' policy. Only administer when this form is complete and you must ensure that you have visibility of all relevant labels and packaging when doing so.**

Kind regards,

Neil Clode

