Buckley, Flintshire CH7 3HQ
Bwcle, Sir y Fflint CH7 3HQ
☏ : 01244 550217 🖷 : 01244 550524
: beadmin@elfed-hs.flintshire.sch.uk

Headteacher/Pennaeth: Mr Alistair Stubbs BA(Hons), NPQH

Parental Agreement for School to Administer Medicine

Elfed High School needs your permission to give your child medicine. Please complete and sign this form to allow this.

Name of School	Elfed High School
Name of child	
Date of birth	/ /
Group/class/form	
Healthcare need	
Medicine	

Name/type of medicine

(as described on the container)

Date dispensed / / Expiry date / /

Agreed review date to be initiated by [name of member of staff]

Dosage and method

Timing

Special precautions

Are there any side effects that the school needs to know about?

Self-administration (delete as appropriate) **Yes/No**

Procedures to take in an emergency

Contact details

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to [*agreed member of staff*]

I understand that I must notify the setting of any changes in writing.

Date / / Signature(s) …….....