



Parental request for appropriately trained staff to administer medicine

Staff at Wilmslow High School will not give your child medicine unless you complete and sign this form.

Date for review to be initiated by	
Name of school/setting	Wilmslow High School
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that staff need to know about?	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	Mrs Cragg/ Mrs Robinson (Medical Needs Coordinators), Mrs Pritchard (First Aider)

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to appropriately trained staff administering medicine in accordance with Wilmslow High School's policy on supporting students with medical conditions. I will inform staff, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date _____