



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.

| | |
|------------------------------|--|
| Name of child | |
| Date of birth | |
| Tutor Group | |
| 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, in date and labelled with student's name and Tutor group

Contact Details

| | |
|---|------------------------------------|
| Name | |
| Daytime telephone no. | |
| Relationship to child | |
| Address | |
| I understand that I must deliver the medicine personally to | A member of the Medical Needs team |

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.

Parent/Carer Signature _____

Date _____