



Penygaer Primary School
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www.penygaerschool.co.uk
Headteacher: Mr Alun Stephens



Schools' Healthcare Needs Policy

Form 2: Parental agreement for education setting to administer medicine

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

Name of education setting

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 Alun Stephens

Dosage and method

Timing

Special precautions

Are there any side effects that the setting 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 Alun Stephens (or Helen Conway or Rob Williams in his absence)

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

Date

Signature(s)