



Warmingham CE Primary School

School Lane, Warmingham, Cheshire, CW11 3QN
01270 526260

Executive Headteacher: **Mrs Nicola Badger**
Principal: **Mrs Kate Appleby**
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admin@warminghamce.cheshire.sch.uk



'A Caring Christian Family Where We Grow Together'

Dear Principal,

I request that (Full name of Pupil) be given the following medicine(s) while at school:

Date of birth.....Group/class/form.....

Medical condition or illness.....

Name/type of Medicine(as described on container)

Expiry date..... Duration of course.....

Dosage and method.Time(s) to be given.....

Other instructions

Self-administration Yes/No (mark as appropriate)

The above medication has been prescribed by the family or hospital doctor (Health Professional note received as appropriate). It is clearly labelled indicating contents, dosage and child's name in FULL.

Name and telephone number of GP.....

I understand that I must deliver the medicine personally to (agreed member of staff) and accept that this is a service that the school/setting is not obliged to undertake. I understand that I must notify the school/setting of any changes in writing.

SignedPrint Name Date.....
(Parent/Guardian)

Daytime telephone number

Address

Commencement of medication in school Date.....

Note to :

1. Medication will not be accepted by the school unless this form is completed and signed by the parent or legal guardian of the child and that the administration of the medicine is agreed by the Principal.
2. Medicines must be in the original container as dispensed by the Pharmacy.
3. The agreement will be reviewed on a termly basis.
4. The Governors and Principal reserve the right to withdraw this service

Let Your Light Shine

Matthew 5:16

