



Dear Parents/ Carers

Please find attached a Prescription medicine form, please fill this in and return to the Office.

Please note that the medicine must be in a box and must have a prescription form from the chemist on it with full details, also a spoon or syringe needs to be included.

Kind regards

Stephanie Goldfinch

First Aider / Welfare / Admin  
Windmills School Office.

**The Windmills Junior School Parental Agreement to administer Prescription medicine**

**The school will not be able to give your child medicine unless you complete and sign this form.**

**DETAILS OF PUPIL**

Child's name: \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

D.O.B \_\_\_\_\_ Class \_\_\_\_\_

Condition or illness: \_\_\_\_\_

**MEDICATION**

Name/Type of Medicine (as described on the container) \_\_\_\_\_

\_\_\_\_\_

Date dispensed: \_\_\_\_\_

Dosage and Method: \_\_\_\_\_ ml (Spoon or syringe must be included)

If Tablet form how many \_\_\_\_\_

Timing of next dose due. \_\_\_\_\_ with food / without food

Special Precautions: \_\_\_\_\_

Side Effects: \_\_\_\_\_

Self-Administration / to be given to \_\_\_\_\_

Procedures to take in an Emergency: \_\_\_\_\_

**CONTACT DETAILS WHILST CHILD IS ON MEDICATION.**

Name: \_\_\_\_\_ Daytime Phone No: \_\_\_\_\_

Relationship to Pupil: \_\_\_\_\_

I understand that I must deliver the medicine personally to (agreed member of staff) and also collect the medicine from school, I also accept that this is a service which the school is not obliged to undertake.

Date: \_\_\_\_\_ Signature(s): \_\_\_\_\_