



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
We are not able to administer any medication not on prescription.

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

DETAILS OF PUPIL

Childs 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): _____