



*Headteacher:* Mrs G Talbot

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Dear Parent / Guardian

Attached is an **example** of the letter and information required by school to enable us to administer prescribed medicines to your child. We cannot give your child any medicine unless you have completed and signed this form.

School can only administer medicine which has been prescribed by a doctor, dentist, nurse prescriber or pharmacist subscriber.

Should you ever wish school to administer medicine to your child, this is the form which you will need to complete.

Yours faithfully

Mrs G Talbot  
Headteacher



**Parental agreement for school/setting to administer medicine**

The school will not give your child medicine unless you complete and sign this form, and the school has a policy that staff can administer medicine.

Name of School: St Mary's CE Primary

Date: .....

Child's Name: .....

Class: .....

Name and strength of medicine: .....

Expiry Date: .....

How much to give (i.e. dosage) .....

When to be given: .....

Any other instructions: .....

Number of tablets / quantity to be given to school .....

**Note: Medicines must be in the original container as dispensed by the pharmacy**

Daytime phone no. of parent or adult contact:.....

Name and phone no. of GP: .....

Agreed review date to be initiated by Mrs S Edwards

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent's Signature:.....

Print Name:.....Date:.....