

St. Peter's

Church of England Primary School



Head Teacher:
Mr. P. Robinson, B.A (Jt. Hons) P.G.C.E.



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NAME OF PUPIL

DATE OF BIRTH

DOCTOR/CONSULTANT/PRACTICE

MEDICINE

PRESCRIBED BY DATE

DOSAGE

DURATION

ANY OTHER RELEVANT INFORMATION

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SHORT TERM MEDICATION

Signed Date

LONG TERM MEDICATION

Signed Date

INDEMINTY

I am aware that my child needs to take the medication mentioned above in school hours. I have provided the Head teacher with information about how the medication is to be administered and I undertake to ensure that the school has an adequate supply of the medication. I accept that as long as it is administered responsibly in accordance with the Doctor's instructions, then I will not hold the Head teacher, nor the LEA, nor its servants or agents responsible in the event that suffers any adverse effect from the administration of the above mentioned medication.

Signed..... Date

Parent/Carer

NAME OF PERSON WHO WILL ADMINISTER MEDICATION

Signed

Head teacher

