

ST ANNE'S CATHOLIC PRIMARY SCHOOL NANTWICH

Medicine Disclaimer

CHRIST AT THE HEART OF ALL WE DO



St Anne's are unable to give your child a prescribed medicine unless this form is completed and signed and the Head teacher has agreed that school staff can administer the medication.

Details of pupil

Name.....
4 5 6

Year Group R 1 2 3

Date of Birth.....

Condition /
Illness.....

Medication

Name / Type of medication (as described on the packaging)

.....
.....

How long will your child take this medication

.....
.....

Date dispensed.....

Full Directions

Dosage &
method.....

Timing.....

Special precautions.....

Side effects.....

Self administration.....

Procedures to take in an emergency.....

Contact Details

Name.....
..

Relationship to pupil.....

Telephone Number.....

Mobile Telephone Number.....

I understand that I must be given directly to

And accept that this is a service which the school are not obliged to undertake.

Signed.....
date.....

I agree that the above named child will receive medication as outlined above and will be supervised by.....

This arrangement will continue until.....

Signed.....
date.....
Member of staff

Signed.....
date.....
Headteacher / Assistant Headteacher