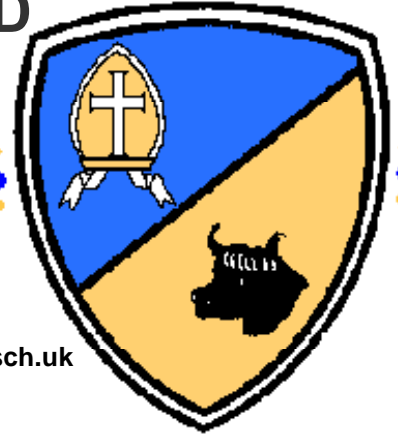


ST. LUKE'S CHURCH OF ENGLAND PRIMARY SCHOOL



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Headteacher Mr S.Hardaker

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Form 1

Parental agreement for school to administer medicine

The school will not give your child medicine unless you complete and sign this form

Name of School	
Date	
Child's name	
Class	
Medical condition or illness	
Name/type of medicine (as described on container)	
Expiry date	
Dosage (how much to give)	
When to be given	
Any other instructions	

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

Contact Details

Name	
Daytime telephone number	
Relationship to child/young person	

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 the 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 _____

If more than one medicine is to be given a separate form should be completed for each one.

