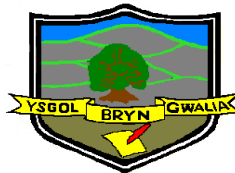


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Growing together



Aiming High

Pennaeth - Headteacher
Mr Dilwyn Jones

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Form 2

REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

Medicine can only be administered to children if it has been prescribed by a Doctor. The school will not give your child medicine unless you complete and sign this form, and the Head teacher has agreed that staff can administer the medication.

Pupil Details

Surname _____ Forename(s) _____
Adress _____

Condition or illness _____
M/F _____ Date of Birth _____ Class _____

Medication

Name/type of medication (as described on the container) _____
For how long will your child take this medication _____
Date dispensed _____

Full Directions of Use

Dosage and Method _____ Timing _____
Special Precautions _____ Side Effects _____
Procedures to Take in an Emergency _____

Contact Details

Name _____ Phone No _____
Home (phone) _____ Relationship _____
Address _____

I understand that I must deliver the medicine personally to (agreed member of staff) and accept that this is a service, which the school is not obliged to undertake.

Date _____

Signature(s) _____

Relationship to pupil _____

