

## The Whartons Primary School

Head Teacher: Mrs Julia Dickson

The Whartons Otley West Yorkshire LS21 2BS

Tel: 01943 465018 Fax: 01943 465180

## Parental Agreement for School to Administer Prescribed Medicine

Date Fro	om:	Date to:	
Name of Child:			Year
Name o	f Medicine:		
How mu	uch to be giver	า:	
When to be given:			
Any other instructions (ie To be kept in the fridge)			
NOTE: Medicines must be in the original container as dispensed by the pharmacy.  The above information is, to the best of my knowledge, as accurate at the time of writing. I give permission for 'The Whartons' staff to administer medicine in accordance with the School's Policy.  Signed by Parent:			
Date:			
<u>Observations</u>			
Time	Amount		Signed (Staff)



<u>www.whartonsprimary.co.uk</u> Email: info@whartonsprimary.co.uk





## The Whartons Primary School

Head Teacher: Mrs Julia Dickson

The Whartons Otley West Yorkshire LS21 2BS

Tel: 01943 465018 Fax: 01943 465180



