

**Penclawdd Primary School**  
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**Penclawdd**  
**Swansea**  
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Penclawdd Primary School needs your permission to give your child medicine. Please complete and sign this form to allow this.

Name of child.....

Date of birth.....

Group/class/form .....

Healthcare need.....

Medicine.....

Name/type of medicine.....

(as described on the container) .....

Date dispensed ..... Expiry date.....

Agreed review date to be initiated by .....

Dosage and method .....

Timing .....

Special precautions.....

Are there any side effects that the setting needs to know about? .....

Self-administration (delete as appropriate) Yes/No

Procedures to take in an emergency .....

Contact details .....

Name.....

Daytime telephone no. ....

Relationship to child .....

Address.....

I understand that I must deliver the medicine personally to -.....

I understand that I must notify the setting of any changes in writing.

Date Signature(s) .....