



Ysgol Rhydypennau

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Administering Medication in School

By signing this consent form, I give my authorisation for any staff member to administer medication prescribed by my child's GP.

I give my permission to administer medication prescribed by my child's GP to:

_____ (child's name)

Name of Medication: _____

Dosage / Frequency: _____

The medication will only be administered if the frequency and dosage recommended by the pharmacist accompanies the medication.

(Please note, your child's class teacher (or any member of staff) is not obliged to administer any medication in school)

* Staff WILL NOT USUALLY administer any medication which has been bought over the counter in a chemist shop. If your child does need medication of this type, we will usually ask that you make arrangements to come in to school to give the medication yourself or consider whether your child is actually well enough to be in school *

Parental Authorisation:

_____ (print name)

_____ (signature)

_____ (date)

