Canon Sharples C.E. Primary School and Nursery

Whelley, Wigan, WN2 1BP 201942 776188

Please note: Wherever possible medication should not be sent into school. In certain circumstances, and at the Headteacher's discretion, medication might be administered and in those cases this form must be completed. As children should not carry medication it is the parent's responsibility to get the medication to and from school.

I hereby give permission for the Headteacher	
*to administer medicine to *to supervise the self-administration by	(child's name)
Name of medication:	
Dosage to be administered:	Time:
I accept that I will not hold the Headteacher, nor the LEA, nor its servants or agents responsible of any adverse effect from the administration of the above named medication.	
Signed:(Parent/Guardian)	Date:
Signed: Date: (Headteacher)	
*delete as appropriate	
The medicine listed above has been administered as requested as follows:	
Date & Time	Administered by: