

**Llanidloes Schools Federation needs your permission to give your child medicine. Please complete and sign this form to allow this.**

Name of child

Date of birth

Class

Healthcare need

**Medicine**

Name/type of medicine  
(as described on the container)

Date dispensed

Expiry date

Dosage and method

Timing

Special precautions

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

Self-administration (delete as appropriate) **Yes / No**

Procedures to take in an emergency

**Parent's contact details**

Name

Daytime telephone no.

Relationship to child

Address

I accept that this is a service that the school is not obliged to undertake.

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

Signed:

Date