

Parental Request for Chadley's Club to Administer Medicine

Name of school	St. Chad's C.E. Primary School The Gateway, Redstreet Village, Newcastle under Lyme, Staffordshire ST5 7AB Tel: 01782 567750
Date	
Child's Name	
Class	
Name and strength of medicine	
Expiry date	
Dose - (how much to give)	
When to be given (time)	
Any other instructions	
Number of tablets/quantity given to Chadley's	
Medicine should be stopped - give date (if no date is given administration will be stopped after the first day)	

NOTE: Medicines must be given in the original container as dispensed by the Pharmacy

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Chadley's staff administering medicine in accordance with St Chad's Primary School policy- see school website. I will inform Chadley's staff immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is to be stopped.

Signature of person with parental responsibility _____ Date _____

Print Name _____