

Brereton CE Primary School

School Lane, Brereton, Sandbach, Cheshire, CW11 1RN
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Web: www.breretonprimaryschool.co.uk Headteacher Mrs K McLean



Medication Administration Form

Brereton CE A Primary School will not give your child medicine unless you complete and sign this form. I understand that I must deliver the medicine personally to the school office and I accept that this is a service that the school is not obliged to undertake.	
Name of Child:	
Date of Birth:	
Year/Class:	
Medical condition/illness	
Medicine/s Name/Type(as described on the container):	
Is the child's name on the medicine box? (please tick the box) <input type="checkbox"/>	
Medicine named is in medicine box supplied (Please tick box) <input type="checkbox"/>	
Date dispensed:	Expiry date: <input type="checkbox"/> In Date (Please tick box)
Dosage, method and timing:	
Special Precautions:	
Are there any side effects that the school needs to know about:	
Who is responsible in an emergency (Name, telephone number):	
Signed(Parent):	Dated
Signed(First Aider):	Dated:



Love God, love learning, love one another.
(Matthew 22:36-40)

