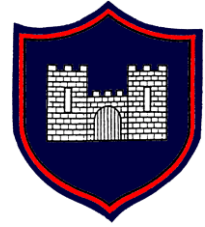




Oldcastle Primary School

Mrs Ceri Littlewood
Headteacher
South Street
Bridgend
CF31 3ED

Telephone: 01656 815790
Email: admin@oldcastleps.bridgend.cymru



CHILD MEDICINE PLAN

CHILDS NAME:

DATE OF BIRTH:

Child Photo

MEDICAL CONDITIONS / SYMPTOMS
.....
.....
.....
.....
.....

MEDICINE REQUIRED		
Type of medicine	Dose required / Time	Expiry Date
.....		
.....		
.....		
.....		

OTHER RELEVANT INFORMATION
.....
.....
.....

The school will not give your child medicine unless you complete and sign this form. I understand that I must deliver the medicine to school and there is no legal duty for a school to administer medicine.

Signature Date

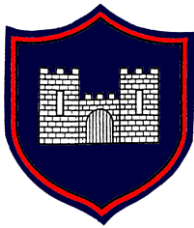
Relationship to child



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OTHER RELEVANT INFORMATION Continued from overleaf if applicable

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