Oldcastle Primary School

Mrs Ceri Littlewood
Headteacher
South Street
Bridgend
CF31 3ED
Telephone: 01656 815790
Email: admin@oldcastleps.bridgend.cymru

CHILD MEDICINE PLAN – SHORT TERM MEDICATION

CHILDS NAME: ……

DATE OF BIRTH: ……

MEDICAL CONDITIONS / SYMPTOMS

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MEDICINE REQUIRED

Type of medicine	Dose required / Time	Expiry Date
……	……	……
……	……	……
……	……	……
……	……	……

OTHER RELEVANT INFORMATION

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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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