



ELLESMERE PORT CATHOLIC HIGH SCHOOL

'I have come so that they may have life and have it to the full' John 10.10

PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER MEDICINE

The school will not give your child any medicine unless you complete and sign this form

Name of Student:

Date of Birth:

Form:

Medical condition/illness:

MEDICINE

Name of medicine:
(as described on the container)

Date dispensed:

Expiry date:

Review date:

Reviewed by: *(staff member)*

Dosage and method:

Time(s):

Special precautions: *(if any)*

Any side effects the school needs to know about?

Self-administration: **YES or NO**

Procedure in an emergency:

CONTACT DETAILS

Name:

Daytime Telephone No:

Relationship to student:

Address:

I understand that I must deliver the medicine and this form personally to a member of staff.

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

Signed: Date:
(Parent/Guardian)

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