



Wildmoor Heath School

Lower Broadmoor Road
Crowthorne
RG45 7HD
Tel: 01344 772034
Email: head@wildmoorheath.org

NON-PRESCRIBED MEDICINES/TREATMENT **ONE DAY ONLY**

Aspirin or Ibuprofen (including Calprofen) can **NOT** be accepted.

Name of child

Year/Class

I agree that my child will come to the office and be responsible for the self-administration of the medicine as detailed below.

Name of Medicine	Dose	Frequency/Times

Time Medication was last given at: _____

I understand that this is a service which the school is not obliged to undertake.

Medication will not be accepted in the school unless this form is completed and signed by the parent or legal guardian of the child.

It is the parents' responsibility to ensure that medicines are not out of date.

The Headteacher reserves the right to withdraw this service.

Signature of Parent/Guardian.....Date.....