



Wildmoor Heath School

Lower Broadmoor Road
 Crowthorne
 RG45 7HD
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PRESCRIBED MEDICINES/TREATMENT FORM

Name of child

Year/Class

I agree to members of staff administering medicines/providing treatment to my child as directed below, or in the case of an emergency as staff consider necessary.

Name of Medicine	Dose	Frequency/times	Completion date of course (if known)	Expiry date of medicine (if appropriate)

Special Instructions

Allergies

The family doctor has prescribed these medicines. They are clearly labelled, indicating **contents, dosage and child's name in full.**

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It is the parents' responsibility to ensure that medicines are not out of date.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