

**PENGELLI PRIMARY SCHOOL
REQUEST FOR SCHOOL TO ADMINISTER MEDICATION**

The school will not give your child medicine unless you complete and sign this form and the Headteacher has agreed that staff can administer the medication.

Name of Pupil: D.O.B.: Class:

Name of medication:
(The medication must have the child's name on the container)

Dosage and when medication to be given:

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Special Precautions:

Side Effects:

Signature of Parent/Guardian: Date:

The medicine will be administered by a member of staff who, whilst taking all possible care, will not be held responsible for any problems that might occur. We only accept medication that is in its original labelled container.

School use:

- *Check all of the above against the medicine*
- *Check that the label indicates the name of the child*

Office Use:

Date medication given	Time given	Dose	Signature

Pengelli School is the data controller for the personal information you provide on this form. Your information will be used to ensure your child's health and medical needs are met whilst in our care. We will not share your data with any third parties without your explicit consent unless we are required or permitted to do so by law. Data protection law describes the legal basis for our processing your data as one based on legal obligation as we are required to understand the medical or other needs of our pupils in order to keep them safe from harm.