

Gowerton School
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Ysgol Tregŵyr
Gowerton
School



REQUEST FOR THE ADMINISTERING OF PRESCRIBED MEDICATION IN SCHOOL

Dear Parent/Carer,

From time to time, pupils may need to take medication in school. If you wish your child to have their medicine administered **or supervised by a member of staff** in school, please fill in the attached slip below. **It greatly assists us if all medicine (including asthma pumps) are clearly marked with your child's name.**

Many thanks for your cooperation.



I (name of Parent/Carer)

Of (address)

Parent/Guardian of
(Child's name in full)

Child's date of birth

Names of medicines
to be administered

Dosage

Dosage

Dosage

Time of administration

Expiry date (if known)

Duration of treatment

Signed

Date

All completed forms to be returned to Mrs. Rhian Richards, Child Welfare Manager.