

Ysgol Rhos Helyg  
Rhosmor  
Yr Wyddgrug  
Sir y Fflint  
CH7 6PJ



INVESTOR IN PEOPLE

Rhos Helyg CP School  
Rhosmor  
Nr Mold  
Flintshire  
CH7 6PJ



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### **Medication Permission Form**

Child Full Name \_\_\_\_\_

Class \_\_\_\_\_

Medication Name \_\_\_\_\_

Storage Instructions (e.g Fridge) \_\_\_\_\_

Dosage \_\_\_\_\_ mls/tablet (insert quantity)

Dates and/or Time Required \_\_\_\_\_

#### **Parent/Guardian**

Signed \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

#### **Adult Administering**

Print Name \_\_\_\_\_ **Time** \_\_\_\_\_

#### **NB**

Schools are not obliged to administer any medication. If any member of staff does not wish to administer medicine it is the responsibility of the parent to ensure it is administered.