



Ysgol Gymraeg Y Cwm

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.

Pupil's Name:		D.O.B:		Class:	
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Name of medication: <i>The child's name must be on the container</i>	
Dosage and time to be given:	
Special precautions:	
Side effects:	

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. Staff may be unable to administer at specific times due to unforeseen circumstances or events/activities. We will only accept medication that is in its original container.

Signature of parent/guardian:		Date:	
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School use:

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

Date:	Time given:	Dose:	Signature:

Ysgol Gymraeg Y Cwm 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 on 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. For further information about how the school uses your personal data, including the rights of the data subject, please see our school privacy notice on our website.