



Ysgol Gymunedol Trimsaran

'Gwnawn ein gorau glas'

'Parental agreement for the education establishment to give medication'

Trimsaran Community School needs your permission to give your child a medication. Please complete and sign this form to enable this.

Education Establishment: Ysgol Gymunedol Trimsaran

Child's Name: _____

Date of Birth: _____

Class / Year: _____

Medical Condition: _____

Medication

Name/type of medication _____
(as described on original medication container)

Start Date: / /

End Date: / /

Review date agreed to discuss with Head Teacher / Deputy Head Teacher / /

Dose and Method:

Time:

Special precautions:

Are there any side effects that the school needs to be aware of?

Self-administration (delete as required): Yes / No

Actions in case of emergency

Are the schools contact details up to date? Yes / No

I understand that I must transfer the medication in person to the school office:

Signature:

Date:

I understand that I need to inform the setting of any changes in writing:

Signature:

Date:

Pennaeth / Head: Mr Steffan Jones

Dirprwy Bennaeth / Deputy Head: Mr Tomos Jones

Ysgol Gymunedol Trimsaran, Heol Waunyclun, Trimsaran, SA17 4BE

Ffôn: 01554 810670 e-bost: admin@trimsaran.ysgolccc.cymru



Date	Pupils Name	Time	Name of Medication	Dosage	Any Reaction?	Staff Signature	Name Printed

Pennaeth / Head: Mr Steffan Jones

Dirprwy Bennaeth / Deputy Head: Mr Tomos Jones

Ysgol Gymunedol Trimsaran, Heol Waunyclun, Trimsaran, SA17 4BE

Ffôn: 01554 810670 e-bost: admin@trimsaran.ysgolccc.cymru

