



Parental agreement for Wroxham staff to administer prescribed medicine

We cannot give your child medicine unless you complete and sign this form.

Child's Name/Class	
Name and strength of medicine	
Condition or illness	
How long will your child take this medication	
How much to give (i.e. dose to be given)	
When to be given	
Any other instructions	

Note: Medicines must be in the original container as dispensed by the pharmacy

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Wroxham staff administering medicine in accordance with Wroxham policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent/Guardian's Signature: _____

Date: _____

The Wroxham School
Wroxham Gardens, Potters Bar,
Hertfordshire, EN6 3DJ

Executive Consultant Headteacher **Philippa Moore**
Head of School **Nicky Easey**
Chair of Governors **Leigh Kilpert**

01707 643576 (term time: 8:30-4:30)
admin@thewroxham.net
www.thewroxhamschool.org



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