



KNELSTON PRIMARY SCHOOL

(Ysgol Gynradd Kneiston)

Reynoldston, Swansea SA3 1AR

Headteacher

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Form 2: Parental Agreement for Education Setting to Administer Medicine

Knelston Primary School needs your permission to give your child medicine.

Please complete and sign this form to allow this.

Name of education setting	Knelston Primary School
Name of child	
Date of birth	
Group/class/form	
Healthcare need	

Medicine

Name/type of medicine (as described on the container)	
Date dispensed	
Expiry date	
Agreed review date to be initiated by Class teacher or First Aider	
Dosage and method	
Timing	





Special precautions	
Are there any side effects that the school needs to know about?	
Self-administration	Yes/No (delete as appropriate)
Procedures to take in an emergency	
Contact details	,
Name	
Daytime telephone no.	
Daytime telephone no. Relationship to child Address	
Relationship to child	

Signature(s)