



St Sampson's High School

Baubigny Schools

Rue de Dol

St Sampson

Guernsey GY2 4DA

Tel: +44 (0)1481 244411

Email: office@stsampsonhigh.sch.gg

Website: www.stsampsonhigh.com

Headteacher: Mrs A Bolt

Email: headteacher@stsampsonhigh.sch.gg

Parental agreement for setting to administer medicine

The school will not give your child medicine unless you complete and sign this form.

| | |
|------------------------------|--------------------------|
| Name of school | St Sampson's High School |
| Name of child | |
| Date of birth | |
| Year/Tutor | |
| Medical condition or illness | |

Medicine

| | |
|--|--|
| Name/type of medicine <i>(as described on the container)</i> | |
| Expiry date | |
| Dose and frequency of medicine | |
| Special precautions/other instructions | |
| Are there any side effects that the school/setting needs to know about? | |
| Quantity received | |

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

Contact Details

| | |
|-----------------------|--|
| Name | |
| Daytime telephone no. | |
| Relationship to child | |

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

Signature(s) _____

Date _____

Staff signature _____