



BASIC SKILLS
AGENCY'S QUALITY
MARK AWARD
2003
2006
2009



INVESTOR IN PEOPLE
2010

Cwm Glâs Primary School

Colwyn Avenue, Winchwen, Swansea SA1 7EN

Headteacher: Mr. P.M. Osborne B.Ed. (Hons) M.A. Ed.
Deputy Headteacher: Mr. N. Craven B.A. Ed. (Hons) NPQH

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A CITY & COUNTY
OF SWANSEA
SCHOOL



Request for the Administering of Prescribed Medication in School

Dear Parent/Carer,

The shaded areas below must be completed before medicine can be administered to any child in the school. This is essential in the interests of safety, and therefore we expect all parents to co-operate with this request. Please make sure that **all medicines (including asthma pumps) are clearly labelled with the child's name.**

Yours sincerely,

Mr. P.M. Osborne
Headteacher

-----✂-----Please cut here & return to school-----✂-----Please cut here & return to school-----✂-----

I (Name of Parent/Carer

Of (address)

Parent/Guardian of
(Child's Name in full)

Child's date of birth

Request that my child
(named above) should

Name of medicines
(as on container)

Dose of medicine

Time of administration

Expiry date(if known)

Duration of treatment

Signed

Date

Parents - Please return this section to your child's teacher
Teaching staff – please keep form in front of attendance register



