

GREAT WISHFORD C.E. PRIMARY SCHOOL

West Street
Great Wishford
Salisbury
Wiltshire
SP2 0PQ

Tel: 01722 790433

Child's Name

Address

Home Tel No

Daytime Tel No

GP's Tel No

I hereby request that members of staff administer the following medicines prescribed for my child by his/her GP/specialist as directed below or in the case of an emergency, as staff consider necessary.

Signed

Date

Name of Medicine	Dose	Frequency/Times	Date of completion of course (if known)
Special Instructions			
Allergies			
Other prescribed medicines child takes at home			