

Yeadon Westfield Infant School  
Westfield Grove  
Yeadon  
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Tel: 01132505449



Head teacher: Ms D Lowry  
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Dear Parent/Carer

I understand that you have been given medical advice about your child. This advice requires the administration of prescription medication whilst your child is at school. Where necessary the School will authorise the training of its staff so that medication of a special nature can be given.

The Aireborough Learning Partnership Trust/school will not be held liable for any injury or death arising directly or indirectly from or out of the administration of the prescribed medication by appointed staff members, other than through the Aireborough Learning Partnership Trust/school's negligence.

I acknowledge acceptance of the above.

Parent/Guardian of: \_\_\_\_\_ Class: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please sign above and complete the form overleaf.

**Return this form to school if your child at any time requires prescribed medication during school hours.**



**Request for school to administer prescribed medication**

The school will not give your child medicine unless you complete and sign this form and letter and the head teacher has agreed to administer the medication.

**Details of pupil**

Name: \_\_\_\_\_ Class: \_\_\_\_\_

Condition of illness: \_\_\_\_\_

**Medication details**

Name/type of medication as described on the container:

\_\_\_\_\_  
\_\_\_\_\_

For how long will your child take this medication: \_\_\_\_\_

Date dispensed: \_\_\_\_\_

Full directions for use

Dosage and method: \_\_\_\_\_

Time(s) to be given: \_\_\_\_\_

Special precautions: \_\_\_\_\_

Side effects: \_\_\_\_\_

Described what constitutes an emergency for the pupil and the action to take if this occurs:

\_\_\_\_\_  
\_\_\_\_\_

Procedures to take in an emergency:

\_\_\_\_\_  
\_\_\_\_\_