



Ysgol Gymraeg Ffwrnes

'Tanio'r dychymyg i greu dyfodol llwyddianus'

'Parental agreement for the education establishment to give medication'

Trimsaran Community School needs your permission to give your child a medication. Please complete and sign this form to enable this.

Education Establishment: Ysgol Gymraeg Ffwrnes

Child's Name: _____ Date of Birth: _____

Class / Year: _____

Medical Condition: _____

Medication

Name/type of medication _____
(as described on original medication container)

Start Date: End Date:

Review date agreed to discuss with Head Teacher / Deputy Head Teacher

Dose and Method:

Time:

Special precautions:

Are there any side effects that the school needs to be aware of?

Self-administration (delete as required): Yes / No

Actions in case of emergency

Are the schools contact details up to date? Yes / No

I understand that I must transfer the medication in person to the school office:

Signature: Date:

I understand that I need to inform the setting of any changes in writing:

Signature: Date:

Pennaeth / Head: Mr Steffan Jones
Dirprwy Bennaeth / Deputy Head: Mr Richard Thomas
Pennaeth Cynorthwyol / Assistant Head Teacher: Mrs Carys Lloyd

Ysgol Gymraeg Ffwrnes, Coedlan Denham, Llanelli,
Sir Gaerfyrddin, SA15 4DD

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