



# College Town Primary School

Branksome Hill Road, Sandhurst, Berkshire, GU47 0QF  
Tel: 01276 31933 email [secretary@collegetownprimary.com](mailto:secretary@collegetownprimary.com)  
[www.collegetownprimary.com](http://www.collegetownprimary.com) Ofsted no:109828  
Head Teacher Mrs Trudi Sammons MA

CHILD'S NAME: \_\_\_\_\_

CLASS: \_\_\_\_\_

1. Permission to administer medicines

Permission is required to administer medicines in the event of a headache or similar conditions. We will be taking a supply of sun cream and junior painkillers. Please indicate below if you will give your permission to administer the following if necessary:

	✓	X
Sun Cream		
Calpol (junior paracetamol)		
Wasp-eeze		
Antiseptic Wet Wipes		
Piriton (antihistamine liquid)		
Plasters		

2. My child suffers from asthma and requires the following medication.

a) \_\_\_\_\_ at the following times \_\_\_\_\_

b) \_\_\_\_\_ at the following times \_\_\_\_\_

3. Any other prescribed medication.

a) \_\_\_\_\_ at the following times \_\_\_\_\_

b) \_\_\_\_\_ at the following times \_\_\_\_\_

4. My child is prone to:

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5. Please can you let us know if your child has any dietary requirements allergies/intolerances that the PGL need to be aware of.

Signed: \_\_\_\_\_ Parent/Carer Date: \_\_\_\_\_

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**HEADTEACHER: Mrs Trudi Sammons MA**

