



College Town Primary School

Branksome Hill Road, Sandhurst, Berkshire, GU47 0QF
Tel: 01276 31933 email secretary@collegetownprimary.com
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:

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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