



School general enquiries:	Sharon Kellie	<a href="mailto:bursar@st-georges.lancs.sch.uk">bursar@st-georges.lancs.sch.uk</a>
Deputy Headteacher:	Nicola Gregson:	<a href="mailto:n.gregson@st-georges.lancs.sch.uk">n.gregson@st-georges.lancs.sch.uk</a>
Assistant Headteachers:	Robert Horne:	<a href="mailto:r.horne@st-georges.lancs.sch.uk">r.horne@st-georges.lancs.sch.uk</a>
	Naomi Harrison:	<a href="mailto:n.harrison@st-georges.lancs.sch.uk">n.harrison@st-georges.lancs.sch.uk</a>
Executive Headteacher:	Andy Purcell:	<a href="mailto:head@st-georges.lancs.sch.uk">head@st-georges.lancs.sch.uk</a>

## Parental agreement for school to administer prescribed medicine.

The school will not give your child prescribed medicine unless you complete and sign this form.

Name of child	<input type="text"/>
Class	<input type="text"/>
Medical condition or illness	<input type="text"/>

### Medicine

Name/type of prescribed medicine <i>(as described on the container)</i>	<input type="text"/>
Dosage	<input type="text"/>
Time medicine is to be given	<input type="text"/>
Start date in school	<input type="text"/>
End date in school	<input type="text"/>

**NB: Medicines must be in the original container as dispensed by the pharmacy**

### Contact Details

Name	<input type="text"/>
Daytime telephone no.	<input type="text"/>
Relationship to child	<input type="text"/>

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering the prescribed medicine.

Signature \_\_\_\_\_

Date \_\_\_\_\_



*"Be determined and confident as God will be with you", inspiring you to "learn, care and share through work, play and prayer". Deuteronomy 31:6*

