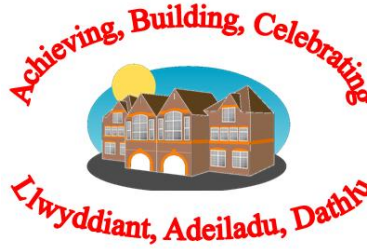


# Cilâ Primary School Ysgol Gynradd Cilâ

Headteacher \ Prifathro:  
Mr. R B Squires

☎: (01792) 202775  
📠: (01792) 202775



577 Gower Road  
Upper Killay  
Swansea  
SA2 7DR

e-mail: [Cilâ.Primary.School@swansea-edunet.gov.uk](mailto:Cilâ.Primary.School@swansea-edunet.gov.uk)  
Web: [www.cilaprimarysch.co.uk](http://www.cilaprimarysch.co.uk)

## Request for the Administration of Prescribed Medicine in School

I ..... (name of parent/guardian)  
of .....  
..... (address)  
parent/guardian of ..... (name of child in full)  
..... (child's date of birth)  
hereby request that **he/she** should receive .....  
..... (name of medicine as on container)  
..... (dose of medicine)  
..... (time of administration)  
..... (duration of treatment)  
..... (expiry date if known)

Signature.....

Date.....

