**Ty Gwyn Special School**

Ty Gwyn School

Vincent Road

Ely

Cardiff

Tel: 029 20838582

**SCHOOL NURSES EMAIL ADDRESS:** tygwyn.specialschoolnurses@wales.nhs.uk

Dear Parent

Please provide the information as requested below. **Please inform the nursing team of any changes that occur whilst your child is at Ty Gwyn Special School.**

**Only prescribed medication that is in the labelled container dispensed by a Pharmacy can be given in school. The label must have the correct dose.**

**PARACETAMOL CAN ONLY BE ADMINSTERED BY SCHOOL NURSES IF IT IS PRESCRIBED FOR SYMPTOM CONTROL**

**Childs Name ………………………………………... D.O.B ……......................**

**Full details of all medicines that your child takes:**

Name of medicine Dose Time given

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**Medicine to be given by school Nurse during the school day:**

Name of medicine Dose Time given

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**Does your child have any Allergies? Yes No**

Name of medication causing allergy ………………………………………………………………………………………………………………

Please describe allergic reaction ………………………………………………………………………………………………………………………………………………………………………………………………………………………………

We may routinely check your child’s height and weight; as well as their blood pressure. If you **do not** want us to do this please tick the box:

**We treat all information given to us as confidential; we may need to share health information as required with your permission to other health professionals, please tick if you are happy for us to share this information.**

**Medication can only be given in school with signed consent. Please return completed form to the Ty Gwyn School Nurses**

**Signed (parent/carer)……………………………………………….Date ……………………**