

# Abbey View Primary Academy

Kennedy Avenue, High Wycombe, Bucks HP11 1BX

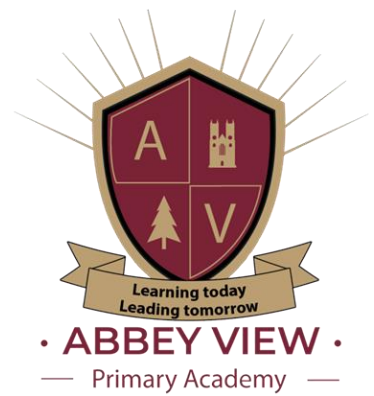
Principal: Ms. M. Mirza

Tel.: 01494 939830

Email: [office@avpa.school](mailto:office@avpa.school)

Twitter: <https://twitter.com/AVPASchool>

Web: [www.abbeyviewprimaryacademy.org](http://www.abbeyviewprimaryacademy.org)



## MEDICATION DISCLAIMER FORM

Date: \_\_\_\_\_

Child name: \_\_\_\_\_

Child's class \_\_\_\_\_

It has been noted that your child suffers from \_\_\_\_\_

In the academy we do not hold any medication which may be needed. Could we ask you to please provide any medication for your child as soon as possible and complete the necessary form.

If you do not feel that your child requires medication in the academy would you please sign the disclaimer below, and return it to the academy.

Thank you for your cooperation.

My Child \_\_\_\_\_ does not require medication for \_\_\_\_\_

whilst in the academy.

Class \_\_\_\_\_

Signed \_\_\_\_\_ Parent/guardian

Date \_\_\_\_\_

