



Parents/guardians are advised that unless you complete and sign this form the school will not administer medicine to your child. The Headteacher and staff must still agree to administer medication as this is purely voluntary on their part.

Please note that no medicines are able to be kept in the fridge as we do not have the facilities. Medication will be safely stored in a cool cupboard.

Details

Surname Forename

Home address

..... Postcode

Date of birth Year

Condition or Illness

Type of condition or illness

Name & type of medication (as described on container)

.....

How long will your child require the medication

(ongoing or specific timespan)

Full directions on use

Dosage and method

Timing

Special precautions

Contact details

Name of Parent

Address

Daytime telephone number Alternative

I understand that I must personally deliver the medicine to the Head/Secretary and accept that this is a voluntary service provided by the school

Signature of Parent Date