

# Medicine Form

The School does not have the facilities to look after children who are poorly and cannot give over-the-counter medicines. Please keep your child at home if they are ill.

If your child has a medical condition which means that they need prescribed medicines during the school day you will need to complete and sign this form and book an appointment with the Head Teacher to agree a support plan. Until a plan has been agreed we will not be able to give your child any medicines.

Name of child	
Date of birth	
Class	

Name and nature of medical condition / illness
Name of medicine
Date dispensed
Expiry date
Dosage & method
Timing
Special precautions
Are there any side effects that school should know about?
Procedures to take in an emergency?

## Doctor's Details

Name of Doctor	
Practice Name	
Practice Address	
Daytime telephone number	

## Parents' Contact Details

Name of contact	
Daytime telephone number	
Relationship to child	

- *I understand that I must deliver the medicine personally to the agreed member of staff.*
- *I accept that this is a service that the school is not obliged to undertake.*
- *I understand that I must notify the school of any changes to administration of medicines, in writing.*

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_