



Medicines Form

Pupil Details	
Full Name	
Address	
Male / Female	
Date of Birth	
Description of Condition / Illness	
Medication	
Name / Type of Medication	
For How Long Will It Be Taken ?	
Date Dispensed By Chemist	
Full Directions For Use	
Dosage and Method	
Timing	
Special Precautions	
Side Effects	
Procedures To Take In An Emergency	
Contact Details	
Name	
Daytime Tel No	
Relationship To Pupil	
Address	

I understand that I just deliver the medicine personally to the school office / childcare room and I acknowledge that this is not a service the school is obliged to undertake.

Signature :

Date :

Relationship to Child :