

Hayes School Medicine Form

The school will not store medicine for your child unless you complete and sign this form.

Name of child	
Date of birth	
Tutor group	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school needs to know about?	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	Student Reception

The above information is to the best of my knowledge and accurate at the time of writing and I give consent for my child to administer medicine, which I have delivered to Student Reception to be stored. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date _____