

All Saints' C of E Primary School, 3-19 Hanover Road, London SW19 1EB

School Medication Form

This form gives school staff permission to administer the listed medication to your child.



Please note that all medication should be handed into the school office.

It is the parent's responsibility to ensure that all medication kept in school is up to date.

Name	
Date of Birth	
Class	
Name/type of medicine	
What condition is the medication for? (please note that each medication should have it's own form – complete more forms if needed)	
How long will your child take this medicine?	
Date dispensed	
Expiry date	
Directions for use & dose/amount	
Time of use	
Any special advice for school staff	
<u>Contact details:</u> Name	
Telephone no:	
Relationship to child:	
Signature of parent/carer	
Date	

OFFICE USE Key Person Notified
 Medication passed to class teacher