

Newton Bluecoat Church of England Primary School

The school will not give your child medicine unless you complete and sign this form, and the Headteacher has agreed that school staff can administer the medication.

Details of Pupil

Surname:

Forename(s):

Address:

M/F: Date of birth: Class:

Condition or illness:

Medication

Name/Type of Medication (as described on the container)

Date dispensed:

Full directions for use

Dosage and method:

Timing:

Any Relevant Information:

I understand that I must deliver the medicine personally to the office and collect at the end of the day and accept that this is a service which the school is not obliged to undertake.

Date: Signature(s)

Relationship to pupil: