

The academy will not give your child medicine unless you complete and sign this form in line with the academy policy published on our website.

Name of child _____

Date of birth _____ Class _____

Medical condition or illness _____

Name/type of medicine _____
(as described on the container)

Expiry date (if applicable) _____

Dosage and method _____

Time when medicine to be administered _____

Special precautions/other instructions _____

Any side effects the academy 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 in Case of Emergency:

Name _____

Daytime telephone no. _____

Relationship to child _____

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Green Lane staff to administer medicine in accordance with the academy policy. I will inform the academy immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature _____ Date _____

Name _____

Details of Administered Medication

Date		
Time Medicine Given		
Dose Administered		
Names & Signatures of Members of Staff		

Date		
Time Medicine Given		
Dose Administered		
Names & Signatures of Members of Staff		

Date		
Time Medicine Given		
Dose Administered		
Names & Signatures of Members of Staff		