



KING HENRY VIII PREPARATORY SCHOOL

PRESCRIBED MEDICATION FORM

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

DETAILS OF PUPIL

Surname.....Forename(s).....

Address.....

.....

Date of Birth: Class/Form:

Condition or illness:

PRESCRIBED MEDICATION

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

Date dispensed: For how long will your child take this medication:

Full Directions for use:

Dosage and method:

Time to be administered:

Special Precautions: Side Effects:

Self Administration: Procedures to take in an Emergency:

CONTACT DETAILS

Name: Relationship to Pupil:

Address:

..... Daytime Telephone No:

I understand that I must deliver the medicine personally with completed form to either the, Breakfast Club Supervisor, School Nurse or Receptionist and accept that this is a service which the school is not obliged to undertake.

Date: Signature(s):

Relationship to Pupil: