

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

Date for review to be initiated by	
Name of school	Manor Farm Community Infant School
Name of child	
Date of birth	
Class	
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/setting needs to know about?			
Self-administration – y/n			
Procedures to take in an emergency			
Prescription/Non-Prescription (Delete as appropriate)	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 50%;">Prescription</td> <td style="width: 50%;">Non-prescription</td> </tr> </table>	Prescription	Non-prescription
Prescription	Non-prescription		

**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 the school office	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school’s policy.

Prescribed Medication: 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.

Non-prescription medication: I confirm that I have administered this non-prescription medication, without adverse effect, to my child in the past. I will inform the school immediately, in writing, if my child subsequently is adversely affected by the above medication.

If more than one medicine is required a separate form should be completed for each one.

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_