Alwyn and Courthouse Federation Medication Form

To be filled in by the parent/carer

Child's name

Date of birth DD MM YY

Address

Parent/carer's name

Telephone - mobile

Telephone - work

Email

Doctor's Surgery

Doctor's telephone

All medicines should be prescribed by a medical professional, be in their original box/packaging with the prescriber's label detailing the child's name and dosage.

A new form must be completed if your child's treatment changes.

My child is being treated for:

Name of medication prescribed:

Dosage	Timings or Frequency	Expiry Date

Is this condition:

Short term ☐

Long term ☐

Additional instructions/information:

This form is completed each time medication, requiring a dose during the school day, is prescribed.

We will make every effort to ensure your child receives their medication however due to the busy nature of a school day, the times may not be exactly as requested.

Medicines will be kept securely in the school office or the medical room. The parent/carer should collect the medication from the office at the end of the course and dispose of it responsibly.

Please speak to the office staff if you have any questions or concerns.

Parent consent: I give permission for school staff to administer the medicine listed on this plan.
It is my responsibility to ensure the medication provided is in date and has the prescription label attached.

Parent/carer signature

Date