Medicine In School

In order for the school to consider whether or not they agree to request to give your child medicine during the school day, it is necessary for you to complete and sign this form.

We are unable to administer any medicine / Adrenaline Auto-injector (AAI) in school unless this form has been completed fully by a parent / carer.

Child's Details:

Surname:	Forename:
Class:	Date of Birth:

Name of Medicine To Be Taken:	Reason Medicine Is Needed:
Dose To Be Taken:	What Time Medicine Is To Be Taken:
To Be Stored In The Fridge: Yes ☐ No ☐	
Any Other Instructions:	
Parent/Carer Signature:	Parent/Carer Name:

HILLTOP PRIMARY SCHOOL

Declaration

I request that the above medication is to be given in accordance with the above information by a responsible member of staff who has received any necessary training. I understand that it may be necessary for this treatment to be carried out during educational visits and other school activities, as well as on the school premises.

I undertake to supply the school with medicines in properly labelled containers.

I accept that whilst my child is in the care of the school, the school staff stand in the position of the parent/carer and that the school staff may therefore need to arrange any medical aid considered necessary in an emergency but I will be informed of such action as soon as possible.

Doctor's Name:	Telephone Number:
Surgery:	

Emergency Contact Details:

Contact 1:	Contact 2:
Relation to Child:	Relation to Child:
Home Telephone Number: *(please provide dialling code):*	Home Telephone Number: *(please provide dialling code):*
Work Telephone Number: *(please provide dialling code):*	Work Telephone Number: *(please provide dialling code):*
Mobile Telephone Number:	Mobile Telephone Number:

Medicine should not be sent in to school via your child's bag, a parent or carer must hand this into the school office directly.