

Medication Consent Form and log 2019-20

Please complete, sign and return to Ms Wilson via Reception with medication

Student's Details

Surname:	Forename:
DOB:	Tutor Group:

Medication Details:

Name of medication:
Expiry date:
What amount should be taken:
At what time or in what circumstances should they be allowed to take it (eg. if the child has a headache):

I understand that I must inform the school immediately of any change to these arrangements

I understand that at the end of each term any medication that is beyond its expiry date will be disposed of

I understand that at the end of each academic year, all unused medication that is not collected by me will be disposed of

Signed: _____
(Parent/Guardian)

Print Name: _____

Date: _____

