

Medication

Your son/daughter may need to take some form of medication on a long-term basis or for a period of time covering a particular condition (Pills and Tablets).

If this is the case please let us know using this page in the planner.

Please provide the necessary details as shown below. Tear out this page and return it to the school office via your son or daughter or post it.

Name of Pupil:		Tutor Group:	
Medication Type:		Frequency:	
Details:		(Including a start and finish date if appropriate).	
Signed: _____		Parent/Guardian	
Date: _____			

Ω Please Note that for general Health and safety reasons other than for Asthmatic Inhalers and in other agreed exceptional circumstances all medication must be supplied to the school office for safe keeping (including paracetamol).
If doses are required during school hours then pupils must report to the school office.

PARENTS/GUARDIANS COMPLETING THIS FORM ARE ASKED TO SUPPLY
MEDICATION TO THE SCHOOL OFFICE. THIS MUST BE OFFICIALLY
LABELLED WITH THE DOSAGE DETAILS CLEARLY SHOWN.