

Ottershaw Christ Church C of E Infant and Junior Schools

Pupil Medication Form

The school will not store or give your child medicine unless you complete and sign this form, and return it to the school. Medicine must be in its original container as dispensed by the pharmacy, clearly marked with your child's name, the expiry date and dosage details.

This medicine form should be renewed on a termly basis, if the need for medication is ongoing

Pupil name		Affix photo here
Date of birth		
Class		
Medical condition or illness		

Medicine

Name/type of medicine (as described on the container)	
Expiry date	
Dosage and method (including times)	
Dates to administer medication	From ___/___/___ to ___/___/___ (one term max)
Self-administration?	Yes / No
Special precautions/other instructions.	
Are there any side effects that the school needs to know about?	
Procedures to take in an emergency	

