

Details of Pupil

Surname: \_\_\_\_\_

Forename(s): \_\_\_\_\_

Class: \_\_\_\_\_ M/F: \_\_\_\_\_

DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Condition or Illness \_\_\_\_\_

MEDICATION

Name/type of medication(as described on container)\_\_\_\_\_

For how long will your child take this medication? \_\_\_\_\_

Date Dispensed: \_\_\_\_\_

Full Directions for use: \_\_\_\_\_

Dosage and Method: \_\_\_\_\_

Timing: \_\_\_\_\_

Time & Date when parent last administered medication: \_\_\_\_\_

Special Precautions: \_\_\_\_\_

Side Effects: \_\_\_\_\_

Self Administration: \_\_\_\_\_

Procedures to take in an emergency: \_\_\_\_\_

Contact Details:

Name: \_\_\_\_\_ Tel No: \_\_\_\_\_

Relationship to pupil: \_\_\_\_\_