



# Sissinghurst VA Church of England Primary School

*Let your light shine*

Courage, Forgiveness, Service, Kindness

The school will not give your child medicine unless you complete and sign this form, and the Headteacher has agreed that the school staff can administer the medication.

**Details of Pupil:**

Surname:.....

Forenames:.....

Class.....

Condition or illness:.....

**Medication:**

Name/type of medicine:.....

*(as described on the container)*

How long will your child take this medication:.....

**Full directions for use:**

Dose to be given:.....

Time administer .....

**Please note we cannot guarantee the medicine will be given at the time above.**

Self-administration:      Yes/No

Special precautions:.....

Side effects:.....

Procedure to take in an emergency:.....

.....

**NB: Medicines must be in the original container as dispensed by the pharmacy.**

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signed .....      Dated .....