

REQUEST FOR SCHOOL TO STORE MEDICATION

The school will not store medicines for your child to take unless you complete and sign this form.

DETAILS OF STUDENT

Surname:

Forename(s):

Address:M/F

.....Date of Birth:

.....Class/Form:

Condition or illness:

MEDICATION

Name/Type of Medication.....
(as described on the container)

For how long will your child take this medication:

Date dispensed:.....

Full Directions for use:

Dosage and method:

Timing:

Special Precautions:

Side Effects:

Self Administration:

Procedures to take in an Emergency:

CONTACT DETAILS:

Name:Daytime Telephone No:.....

Relationship to Pupil:

Address:

.....

I understand that I must deliver the medicine personally to the School Office and accept that this is a service which the school is not obliged to undertake. I understand that parents are responsible for noting medication expiry dates and replenishing the school held medication when required. Kings Langley School will not be held responsible for checking expiry dates on ANY medication, including Epipens.

Date: Signature(s):

Relationship to pupil: