



**St John's CE Primary School  
Adminstrating Medicine Parent / Carer Form**



**The school will not give your child medicine unless you complete and sign this form.**

Name of Child:

Class:

Medical condition/illness:

**Medicine. Please note that Medicines need to be in the original container.**

Name/Type of Medicine (as described on the container):

Dosage and method:

Timing:

Are there any side effects that the school needs to know about?

**Parent/Carer Contact Details**

Name:

Daytime Telephone No:

Relationship to Child:

Address:

*I understand that I must deliver the medicine personally to the office and accept that this is a service that the school is not obliged to undertake.*

*I understand that I must notify the school of any changes in writing.*

Date:

Parent/Carer Signature(s):

Relationship to child: