**Brays School Administering Medicine Form**

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

|  |  |
| --- | --- |
| Name of child |  |
| Date of birth |  |
| Group/class/form |  |
| Medical condition or illness |  |
| **Medicine** | |
| Name/type of medicine (as described on the container) |  |
| Expiry date |  |
| Dosage and method |  |
| Timing |  |
| Special precautions/other instructions |  |
| Are there any side effects that the school/setting needs to know about? |  |
| Procedures to take in an emergency |  |
| **NB: Medicines must be in the original container as dispensed by the pharmacy (with the label)** | |
| **Contact details** | |
| Name |  |
| Daytime telephone number |  |
| Relationship to child |  |
| Address |  |

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

|  |  |
| --- | --- |
| Signature: | Date: |