

**Medication Form**

Should you wish your child to take medication during school time please complete this form. ALL Medication **MUST** be labelled with your child's name.

**DATE**

**Childs Name**

**Medication to be taken**

**Time to be taken**

**Dosage**

**Anything else we need to know? ie side effects, duration, to be kept in fridge etc**

**I agree with the following:**

- **I am aware that it is my child's responsibility to come down at the correct time.**
- **Medication must be kept in the office until it is collected after school.**

**Signed.....**  
**(Parent/ Guardian)**

**Date.....**