

Please complete and return to school as soon as possible.

Child's name

DOB

NHS NO:

Please complete the box if your child is receiving and regular medication including the times your child receives their medication.

| Name of drug | Dosage | Time medication given |
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Is your child prescribed any additional medication for:

1. Asthma                      YES / NO                      (Please state medication)

2. Fits/Seizures                YES / NO                      (Please state medication)

Please note that any medication sent into school must be in the original bottle/container as dispensed by the chemist. Otherwise the medication will not be given in school. Medication must also be handed to the escort not put into school bags.

I agree to inform school immediately of any change in dosage, frequency or type of medication

Signature of parent/guardian..... Date.....

**Please sign and return form even if your child does not have regular medication**

Chairman: Lynn McGill

Chief Executive: John Wilbraham