



Holmer Green Junior School

Inspire Enable Achieve

The Common, Holmer Green, Bucks,
HP15 6TD.
Tel: 01494 713000, Email office@hgjs.co.uk

Pupil details

Surname..... First Names.....

M/F..... Class..... Date of Birth.....

Address.....

Medical condition or illness.....

Medication (this medicine has been prescribed by a doctor, in its original container and includes prescribers notes and patient information sheet, please note inhalers and packaging must have a prescription label)

Name and strength of Medication.....

Date dispensed..... Start date of course.....

Expiry date..... Expiry date of course.....

Name of prescribing doctor..... Tel No.....

Address of prescribing doctor.....

Dosage and method.....

Timing.....

Special precautions or side effects.....

Contact details of parent or guardian

Name..... Relationship to pupil.....

Daytime telephone number..... Mobile No.....

Address.....

Declaration

I understand that I must deliver the medicine personally (to school matron or office staff) and accept that this is a service that the school is not obliged to provide.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent the school matron/staff to administer medication in accordance with the policy.

I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medication is stopped.

Signature of parent/carer Date

A parent as defined in section 576 of the education act 1996 includes any person who is not a parent of the child but has parental responsibility for the care of the child. In this context, the phrase 'care of a child' includes any person who is involved in the full-time care of a child on a settled basis, such as a foster parent, but excludes babysitters, child minders, nannies and school staff.

Senior First aider or ELT signature Date