



Thomas Adams School

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	
Name and phone no. of GP	
Name/type of medicine (as described on the container)	
Dosage and method	
Are there any side effects that the school needs to know about?	
Procedures to take in an emergency	
Contact Details	
Name	
Daytime telephone no.	
Relationship to child	
Address	

I 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 to my child's medication in writing.

Date _____ Signature(s) _____

Please note: It is your responsibility to ensure that the school is kept informed about changes to your child's medicines, including how much they take and when. It is also your responsibility to provide the school with medication that is clearly labelled and in date.