



RAVENSDALE JUNIOR SCHOOL

COMPLETE AND RETURN ONLY IF NECESSARY

Ravensdale Junior School are unable to give your child medicine without all details on this form being completed
NB MEDICINES MUST BE IN THE ORIGINAL CONTAINER AS DISPENSED BY THE PHARMACY

	COMPLETED BY PARENT	STAFF INITIALS
Name of child		
Date of birth		
Class		
Medical condition/illness		
Course of medication completed/reviewed on		
Name of medicine (as described on container)		
Expiry date		
Dosage and method		
Timing		
Special precautions/instructions		
Side effects to be considered by school staff		
Self-administration YES/NO		
Emergency procedures		
Name and relationship to child		
Daytime telephone number		
Address		

I understand that I must deliver the medicine personally to the office.

The above information is to the best of my knowledge, accurate at the time of writing and I give consent to Ravensdale Junior School administering medicine in accordance with the Administration of Medicines in School Policy. I will inform the school of any changes, in writing, if any details on this form change or the medicine is stopped.

Parent Signature Date