



The King's School - Medicine Consent Form (In-School)

Student Details

Name of Student:	
Date of Birth:	
Form:	
Medical Condition or Illness:	

Medicine

Name / Type of Medicine: (as described on container)	
Date Dispensed:	
Strength:	
Expiry Date:	
Dosage and Method:	
Timing:	
Special Precautions:	
Are there any side effects that the School needs to know about?	
Procedures to undertake in an emergency:	

Contact Details

Name:	
Daytime Telephone No:	
Mobile Phone No:	
Address:	
GP:	
Telephone No:	

I understand that the medicine must be delivered to the member of staff on duty in **Pupil Reception**.

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 in writing.

Signature: _____ Date: _____