



## THE KING'S 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 Mrs Melanie Serjeant 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: \_\_\_\_\_