

Queensway, Scunthorpe,

DN16 2HY



@Brumbyjuniors



Brumby Junior School

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Medication form

The school will not give your child medicine unless you complete and sign this form.

DETAILS OF PUPIL

Surname:.....

Forename:.....

Address.....

Date of Birth:.....Class.....

Illness:.....

.....

MEDICATION

Name of medication (as described on the container).....

How long will your child take this medication?.....

Date dispensed:.....

Full directions for use:

Dosage and method:.....

Times to be administered:.....

Special Precautions:.....

Self-Administration: Yes or No (please delete)

Medication to go home with your child at home time: Yes or No (please delete)

CONTACT DETAILS

Name:.....Daytime Telephone No.....

Relationship to Pupil.....

Address:.....

.....

I understand and accept that this is a service which the school is not obligated to undertake.

Signature:.....Date:.....