



# FARNBOROUGH HILL

WHOLEHEARTEDLY

## Medication in School

Pupil's name: ..... Form: .....

Parent/Guardian contact numbers:

Home: .....

Mobile: .....

Work: .....

GP telephone number: .....

Name of medication	Dose	Times to be taken	Duration of course	Any special instructions

The medication will be stored in the Infirmary. Exception is made for inhalers which can be carried by the pupil or, following discussion with the School Nurse, other medication which needs to be more readily available to the pupil. A form needs to be completed for **all** medication brought into school.

I consent for my daughter to take the medication stated above in school.

Parent/Guardian: ..... Date: .....

Signature