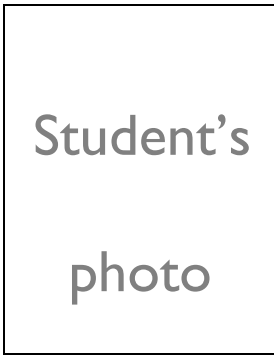


Appendix 3.1



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

Students Name	
D.O.B	
Tutor group	
Parent/Carers name	
Medical condition/ illness	
Home address	
Home phone number	
Work phone number	
GP Name	
Phone number	

Name of medicines	
Dose and method	
Frequency/times	
Special precautions/ other instructions	
Allergies	
Are there any side effects that the school needs to know about?	
Self-administration	Yes <input type="checkbox"/> No <input type="checkbox"/>
Procedures to take in an emergency	
Other prescribed medicines the student takes	

NB: medicines must be in the original container as dispensed by the pharmacy and in date.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped

Note where possible the need for medicines to be administered at school should be avoided. Parents are therefore requested to try to arrange the timing of doses accordingly.

I give permission for the school to administer Fullbrook's asthma inhaler and auto-injector to my child if they are not carrying their own medication.

Signature: Date: