



# KING EDWARD VI HIGH SCHOOL FOR GIRLS

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

Name of child

Date of birth

Form

Medical condition or illness


### Medicine

Name/type of medicine  
*(as described on the container)*

Expiry date

Dosage and method

Timing

Special precautions/other instructions

Are there any side effects that the school/setting needs to know about?

Self-administration – Y/N

Procedures to take in an emergency


**NB: Medicines must be in the original container as dispensed by the pharmacy**

### Contact Details

Name

Daytime telephone no.

Relationship to child

Address


- I understand that the medication must be delivered to the First Aid Room and handed in to the first aider
- The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to KEHS 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.

Signature \_\_\_\_\_

Date \_\_\_\_\_