



Head: Miss J Atkinson GMus(Hons), PGCE, MEd
Moorlands School, Foxhill Drive, Weetwood Lane, Leeds, LS16 5PF
Tel: 0113 278 5286
Email: info@moorlands-school.co.uk
Website: www.moorlands-school.co.uk

School Medicine Record

This form is for parents or guardians to complete if they wish the school to administer medication on their behalf

Child's Name	
Class	
Name of Medicine:	
For the treatment of:	
Details on how much to give and how often:	
Any other instructions. <i>Including storage requirements or details for inhalers.</i> Any cautionary advice:	
Contact phone numbers of parents or guardians for use in an emergency:	
Name and telephone number of family doctor:	
I give permission for the staff to administer the specified dose of the above medicine to the child named on this form and I hereby confirm that any prescription medicine has been prescribed by a doctor, dentist, nurse or pharmacist.	
Parents signature	
Date	
Form checked by	

Medicine required to be administered: Mon: Tues: Weds: Thurs: Fri:

Medicine given: Mon: Tues: Weds: Thurs: Fri: