



HOVE LEARNING FEDERATION ADMINISTRATION OF MEDICATION

Medical Information Form

Name of pupil:	
Date of birth:	
Year group/class:	
Name & Tel. No. of GP:	
Address of GP:	
Nature of medical condition	
Details of medication required in school	
Instructions for administering and storing medication (e.g. 11am & 2pm, when necessary, to be kept in fridge, dosage required)	
Period of time medication is to be taken/kept in school	(e.g.: 1 Week/indefinitely/specific dates)
If Dose given at home, please state time of last dose	

I request that the treatment be given in accordance with the above information by a responsible member of the school staff who has received any necessary training. I understand that it may be necessary for this treatment to be carried out during education visits and other out of school activities, as well as on the school premises.

I undertake to supply the school with any necessary medical equipment and the drugs, medicines, food my child requires in properly labelled containers and keep the school informed of any material facts or information which may affect medication being given to the child. I will dispose of unused equipment, drugs and / or medication at the end of each term / academic year or sooner if they have reached the expiry date.

I accept that whilst my child is in the care of the School, the School staff stand in the position of the parent and that the school staff may therefore need to arrange any medical aid considered necessary in an emergency, but I will be told of any such action as soon as possible.

Name of parent/carer:	
Relationship to child:	
Contact details of parent/carer:	
Parental signature & Date:	
Date for review (at least annually or as required)	

Delete as applicable

I give/do not give consent for my child's Medical information to be shared with the relevant school staff and third parties.

OFFICE USE ONL	Y Record when/how communicated
Teaching staff	
Support Staff	
First Aiders	
Breakfast Club Staff	
In House After School Clubs	
Third Parties	