



Sunset Club - 15:15 to 18:00
Extended Day provision for the pupils of Cookham Rise Primary
Monday to Friday, term time only
Cookham Rise Primary School, High Road, Cookham, SL6 9JF
Tel: 01628 520961

MEDICATION FORM

I request that my child – (Name)

Be given the following medication

Name of medicine(s)

Expiry date (if applicable).....

Dosage Time

-
- 1) The above medicine has been prescribed by the family doctor (in original packaging with child's name printed).
 - 2) The medication is clearly labelled indicating contents, dosage, child's name in full and class attended.
 - 3) I understand that the medicine must be delivered personally to a trained first aider and accept this is a service that the school is not obliged to undertake.
 - 4) I agree that the school will not accept this medication if this form is not completed in full and the school has agreed its administration.
 - 5) A prescription dosage of 3 times a day is usually taken at home before, after and at bedtime.

Signed Parent/Guardian

Date

Emergency tel no