

Cardinal Langley RC High School
Medical Form (Medical Conditions/Medication Information)

Student Name: _____ **Date of Birth:** _____

Please complete the section below, giving details of any medical condition(s) which your child has and of which school would need to have knowledge in the event of an emergency.

Please complete the section below, giving details of any medication/medicines, tablets, inhalers, creams etc which are administered to your child at home as part of a medical / on-going condition and of which school may need to be aware in the event of an emergency.

Medication and Dose (given at home)	Time given

Please complete the section below if your child requires any medication to be given in school (as part of an on-going medical condition as indicated above).

Please note that school is only able to dispense medication which is a necessary part of an on-going condition after full consultation with Parent/Carer and the appropriate authorities.

Medication and Dose (given in school)	When needed

Please note: All medication must be sent into school in the container as dispensed by the pharmacist, with its original labelling still attached. Please inform school immediately if there are any changes to your child's medication.

Please sign here to confirm that the above information is correct.

Signature (Parent/Carer): _____ (Print Name): _____

Date: _____

Thank you very much for your co-operation