

**Hillcross Primary School - Medication in School**

Please complete this form fully if you wish us to administer medication to your child

***Note: Medications must be in their original container with the dispensing pharmacy label clearly attached with your child's name and dosage instructions.***

Name Of Child:	
Class:	
Date:	
Medical Condition:	
Name Of Medication:	
Total dosage when given to school:	
Strength of Medication:	
Expiry Date:	
Dosage amount (e.g. 5ml):	
When to be given:	
Any other instructions:	

Parent/carer name:	
Parent/carers signature:	
Emergency Contact no:	
Name of GP:	
Telephone number of GP:	
Staff member name:	
Staff member signature:	

## Hillcross Primary School

Total Dosage when received:

[illegible]