



Christ the King Catholic Voluntary Academy

Medication Form

We will not give your child medicine unless you complete and sign this form, and CTK has a policy that staff can administer medicine.

Student Information

Full Name	<input type="text"/>	Class	<input type="text"/>
Medical Condition or Illness	<input type="text"/>		
Name of Medication	<input type="text"/>		
Dose and Frequency	<input type="text"/>		
Quantity / Expiry Date	<input type="text"/>		
Symptoms for school to look out for:	<input type="text"/>		
Special precautions/other instructions:	<input type="text"/>		
Side effects for school to look out for:	<input type="text"/>		

Is your child able to tell someone when they are feeling unwell?

Yes:

No:

(Please tick one)

Does your child need support taking their medication?

Yes:

No:

(Please tick one)

Emergency Contact Name:

Emergency Contact Number:

Emergency Contact Address:

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Christ the King's policy. I will inform the school immediately in writing if there is any change of dosage or frequency of the medication, or if the medication is stopped by the GP or other medical professional

Parent/Guardian Name

Signature:

Date: