

Date:-	FORM FA005
Colchester High School Medicine Form	
For completion by parents or guardians who wish the school to administer medication to their children on their behalf.	
Child's full name	
Class	
Name of medicine	
Details of dosage and timing	
Any other instructions? Including storage requirements or details for inhalers, etc.	
Contact phone number of parent or guardian for emergency use	
Name and phone number of family doctor	

I give permission for the school to administer the specified dose(s) of the above named medicine to the child named on this document.	
Signature:	
Print name:	
Date:	
Checked by: (for school use)	

N.B.

There is no obligation to complete this form. In its absence the school will assume that parents/guardians do not wish their child to be given any form of medication by the school for any purposes at any time, and will act accordingly.