



Medication Information and Permission for **Short Term** Medication

The Academy will not give any medication unless this form is fully completed and signed.
Medication will only be given if prescribed by a medical professional and follows Foxwood's Administering Medication policy. **Medication will only be given for medical conditions.**

Student Name	
Date of birth	
Home address	
Parent/Carer Name	
Parent/Carer Telephone Number	
Doctors name and address	
Telephone number	

Medication

Medication Name (not brand)		
Medication required for: (reason for taking, i.e. linked to medical condition)		
Dosage and time (cannot be a higher dosage than stated, without medical practitioners consent)		
Method (syringe. spoons etc must be supplied)		
Duration (how long for)		
Is medication to go home at night	Yes	No

Student history

Known allergies	
Side effects of medication	

I confirm all information is correct and I will inform the school immediately if there are any changes in medication

Signed _____ Date _____