



HIGHFIELD LITTLEPORT ACADEMY
An Active Learning Trust School

Highfield Littleport Academy
Elmside
Littleport
Cambridgeshire
CB6 1LJ

SPECIAL SCHOOL MEDICATION FORM

MEDICATION CONSENT FORM (One form for each medication)	
*Name:	Class:
Date of Birth:	
Name of Medication	
Dose	
Time to be given	
Any other instructions	
Name of Parent	
*Signature:	Contact Numbers
*Date:	*Home: Work: *Mobile:

Please notify the school of any changes in your child's medicines.

If your child has been given rescue medicine or pain relief before coming to school, please notify the School Nurse or member of school staff.

Please ensure that any medicine is prescribed in is in the original packaging details your child's name, date of birth, the name of the medicine, the strength, dose and time to be given.

School staff will only give medicine if it would be detrimental to your child' health not to do so.

* this field must be completed

