St. John Fisher R.C. Primary School
Head Teacher: Janine Kenna
Grand Drive, West Wimbledon, SW20 9NA
Tel: 020 8540 2637
Email: school@st-johnfisher.merton.sch.uk

General Medical Form

Name of Child ……

Class ……

Nature of illness ……

Name of Medicine ……

Dosage to be given ……

Time to be given ……

Please add any information you think is necessary:

……

……

☐I give permission for a member of staff to administer medicine to my child

Signed……parent/guardian

Date……

*Please note only medicine prescribed by a Doctor can be administered

RECORD OF MEDICINE ADMINISTERED AS PER PARENT / CARER SIGNED CONSENT:

CHILD: **CLASS:**

DATE					
TIME GIVEN					
DOSE GIVEN					
NAME STAFF MEMBER					
STAFF INITIALS					

DATE					
TIME GIVEN					
DOSE GIVEN					
NAME STAFF MEMBER					
STAFF INITIALS					

DATE					
TIME GIVEN					
DOSE GIVEN					
NAME STAFF MEMBER					
STAFF INITIALS					

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TIME GIVEN					
DOSE GIVEN					
NAME STAFF MEMBER					
STAFF INITIALS					