



STOKENCHURCH PRIMARY SCHOOL & NURSERY



AIMING HIGH ... FLYING HIGHER

Everything we do makes a difference to our children; empowering minds and shaping futures.

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HEALTHCARE PLAN / ADMINISTRATION OF MEDICINES

Child's Name: Class D.O.B

HCP – Condition/Diagnosis -

Prescription Medicine – MedicineTime Dose

Non Prescription Medicine – Medicine Dose

Emergency contact		GP/Clinic	
Name:		Name:	
Mobile No:		GP/Clinic:	
Home No:		Tel No	

Symptoms (to look out for/aware of/side effects) :

Daily care requirements

What constitutes an emergency, and the action to take if this occurs:

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signed Print

Relationship to child Date

Please use the reverse for any further information you think the school & first aider may require