

## EVERSLEY PRIMARY MEDICAL FORM

CHILD'S NAME \_\_\_\_\_ CLASS \_\_\_\_\_

Contact Name \_\_\_\_\_ Telephone no: \_\_\_\_\_

Illness: \_\_\_\_\_

Medicine prescribed: \_\_\_\_\_

Dosage: \_\_\_\_\_

Time to be given in school: \_\_\_\_\_

Time medication was last given: \_\_\_\_\_

Any known allergy: \_\_\_\_\_

I authorise the qualified first aider to administer the above medicine and release them from all further liability or responsibility for any consequent adverse effects, reactions or any unforeseen circumstances which might arise.

SIGNED: \_\_\_\_\_  
Parent/Guardian

DATE: \_\_\_\_\_

I authorise the qualified first aider to administer the above medicine and release them from all further liability or responsibility for any consequent adverse effects, reactions or any unforeseen circumstances which might arise.