



For Office Use Only
Student Photo and Tutor Group

'PRESCRIBED' MEDICINE FORM 2023-24

Student Name: _____ Form: _____ DOB: _____

Address: _____

Name of person who brought medicine in: _____

Signature _____ Relationship to Student: _____

Name of Medication - 1 (please include original packaging): _____

Reason for Medication: _____

Dosage: _____ Time: _____

(Please state quantity)

Expiry Date of Medication: _____

Does the medication need to be refrigerated: Yes / No

Name of Medication - 2 (please include original packaging): _____

Reason for Medication: _____

Dosage: _____ Time: _____

(Please state quantity)

Expiry Date of Medication: _____

Does the medication need to be refrigerated: Yes / No

Any unused medication at the end of the academic year to be:

- collected by parent disposed of by the school returned to student

Any out of date medication will automatically be disposed of by the school.

I authorise Cox Green School to administer the medication above.

Parent/Carer Signature: _____ Date: _____

Parent/Carer telephone number: _____

