



**Danecourt School**  
 VALUED, RESPECTED,  
 SAFE & SUCCESSFUL

Hotel Road, Gillingham, Kent, ME8 6AA

Head of School: Mrs Cathryn Falconer

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**MEDICINE IN SCHOOL**

The school will not give your child medicine unless you complete and sign this form and the Headteacher has agreed that school staff can administer the medication.

**DETAILS OF PUPIL**

Surname: ..... Forename: .....

M/F ..... Date of Birth: ..... Class: .....

Condition or illness: .....

**MEDICATION**

Name/Type of Medication (as described on the container) .....  
 .....

For how long will your child take this medication: .....

Date dispensed: .....

Full directions for use:

Dosage and method: .....

Timing: .....

Special Precautions: .....

Side effects: .....

Self Administration: .....

Procedures to take in an emergency: .....  
 .....

**CONTACT DETAILS**

Name: ..... Daytime Telephone No: .....

Relationship to Pupil: .....

I understand that I must deliver the medicine personally to the bus escort/school office and accept that this is a service which the school is not obliged to undertake.

Date: ..... Signature: .....

