

Peel Park Primary School – Pupil Medical Form

This form will be treated in the strictest confidence.

Full Name of Pupil	
Class	
Date of Birth	
Home Address	
Parent/Guardian	Name: Contact Number:
Condition / Illness-	
Name of medicine to be administered:	
Dose to be administered:	
Can your child administer this themselves? Y / N	
What time is the medicine needed?	
Does the medicine need to be stored in a fridge? Y / N	
Any other information:	
Please sign this form:	
Print Name:	Signature:
	Date:

Please collect the medicine from the office at the end of the school day.