

We all shine like stars



**Norton C of E
Primary School**

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MEDICINE FORM

DETAILS OF PUPIL

Childs name	
Childs date of birth	
Condition of illness	
Class	

MEDICATION

Type of medicine	
Dosage	
Time of Dosage	

CONTACT DETAILS

Name	
Relationship to pupil	
Telephone number	

I give permission for school staff to administer the above medication to my child.
I understand that I am responsible for giving the medicine to a member of staff and accept that this is a service which the school is not obliged to undertake.

Sign: _____ Relationship to child: _____

Date: _____



Strive Think Act Respect Shine

Gloucestershire County Council, Shire Hall, Westgate Street, Gloucester, GL1 2TG