Please complete the information below and email it to [medical@cottesloe.bucks.sch.uk](mailto:medical@cottesloe.bucks.sch.uk)



Student’s name



Medical Condition

Is this an ongoing condition? YES /NO

Medication name(s)



Dosage



Medication use time (if applicable)



Date medication dispensed by pharmacy

Medication expiry dates 



Special precautions 

Student’s condition and individual symptoms



Daily care requirements 

Procedures to take in an emergency

Follow up care if applicable 

GP details/medical professionals working with your child

Additional information





**The information you have provided will help us to create a long-term care plan for your child**

**Details of the person completing this form** 

**NAME Date**

**Email** 