

Northern Ballet will not give your child medicine unless you complete and sign this form.

Name of child: _____ DoB: _____ Class: _____

Medical condition or illness:

Medicine

Name/type of medicine <i>(as described on container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that Northern Ballet needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

Medicines must be in the original container as dispensed by the pharmacy

I understand that medication to be self-administered will be brought to class by my child and kept in their bag in the studio for easy access.

I understand that medication my child needs help administering will be handed to the teacher/programme manager at the beginning of class and returned to my child at the end of class.

Signed: _____

Date: _____

(Guardian/carer)

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Northern Ballet staff administering medicine in accordance with the Northern Ballet policy. I will inform Northern Ballet immediately, in writing, if there is any change in dosage or frequency of the medicine (medical evidence must be provided).

If applicable, I will collect the medication at the end of the school day from the school office.

Signed: _____ Date: _____

(Guardian/carer)

Guardian/carer name: _____

Telephone number: _____