

# The Hollow Lane Club



c/o Ellen Tinkham School  
Hollow Lane  
Exeter EX1 3RW  
01392 463823

## Medication Form – Siblings Group

**Name of Child:** .....

**Date of Birth:** .....

Medication: (Dose and time to be given)

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.....  
.....  
.....

Should your child require any emergency medication (i.e. Stesolid), please list below with full instructions as to administration and dosage.

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.....  
.....

***All medications sent in for your child must have the prescription label attached to the bottle or container***

Please detail below any allergies

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Please details below any dietary requirements

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**Signed:** .....  
**(Parent/guardian)**

**Date:** .....