

PARENTAL CONSENT FOR PUPIL TO BE GIVEN MEDICATION IN SCHOOL (PRESCRIBED OR OTHER)

One consent form per medication

Name of child:	
Date of birth:	
Form:	
Medical condition or illness:	

All medications must be in the original packaging and container.

If dispensed by a pharmacy, the prescription label must be visible on the packet / container. We cannot accept loose tablets or blister packs.

Name / type of medication <i>(as described on the container):</i>	
Dosage:	
Timing(s):	
How long should medication be given?:	
Special precautions / other instructions i.e. storage:	
Are there any side effects that the school needs to know about?:	
Expiry date of medication:	
Amount of medication provided:	

I agree that Matron gives my child the above Medication:

Print name (Parent / Guardian):	
Signature (Parent / Guardian):	
Relationship to child:	
Daytime telephone no.:	

All medication is to be delivered and collected by a parent/guardian to Reception.