

Medication Consent Form

MEDICATION CONSENT FORM (Front)

Parental request for the School to administer medicine

The school will not give your child medicine unless you complete and sign this form. The school has a policy that staff can administer medicine.

Name of School	Woolhampton Church of England Primary School
Date	
Child's Name	
Class	
Name and strength of medicine	
Expiry date	
How much to give (i.e. dose to be given)	
When to be given	
Any other instructions	
Number of tablets/quantity to be given to school	

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

Daytime phone no. of parent or adult contact	
Name and phone no. of GP	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent's signature:	Print Name:
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If more than one medicine is to be given a separate form should be completed for each one.
Please see over for record of medicine administered.

MEDICATION CONSENT FORM (Back)

Office Use only[illegible]