

ADMINISTERING MEDICATION CONSENT FORM

The School and its First Aid Officers require parental/guardian permission to administer medication, as and when necessary, as prescribed by your doctor. I would be grateful, therefore, if you would complete and return the form below. Please be assured that the medication will be administered according to the manufacturers' instructions regarding frequency and appropriateness for the age of the child. Should you have any concerns regarding the nature of any of the medicines please do telephone the School Office to ask for clarification.

Otherwise it will be assumed that in signing this form you understand the implications of these medicines being administered.

PLEASE COMPLETE AND RETURN TO THE SCHOOL OFFICE

ADMINISTERING MEDICATION – CONSENT FORM

I hereby give permission for a School Member of Staff to administer prescribed/preferred medicine as instructed by me.

Personal Details:

Child's name (please print) _____

Class: _____

Medication:

Name of medication: _____

Dosage: _____

Times to be given/ frequency: _____

Length of treatment: _____

Requires refrigeration? Yes No

Date: _____

Any other information you think is relevant (after meals etc):

Signed (Person with parental responsibility) _____

Name (please print) _____