ADMINISTERING MEDICATION

CONSENT FORM FOR PARENTS

The School requires parental/guardian permission to administer medication (either prescription or over-the-counter). Please note that prescription medication will only be administered by the school where the medicine is clearly labelled with a prescription note of the child's name and the prescribed dosage.

I hereby give permission for a member of staff to administer prescribed/preferred medicine as instructed by me.

Personal Details:

Child's name: _____

Class: _____

Medication:

Condition/Illness: _____

Name of medication: _____

Medicine is (please tick): ☐ Prescription ☐ Over the counter

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)_____