

SCHOOL MEDICATION CONSENT FORM

Date

Child's Name

Class/Tutor Group

Name and strength of Medication

How much to give (i.e. dose to be given)

When to be given

Any other instructions

Number of tablets/quantity given to school

(NB: MEDICATION MUST BE IN THE ORIGINAL CONTAINER, AS DISPENSED BY THE PHARMACY)

Telephone no. of parent/carer.....

Name of G.P

G.P's telephone Number

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

Parent's signature Print Name

Date:

If more than one medication is to be given a separate form should be completed for each.