



Where happy children learn to fly

PARENTAL CONSENT FOR SCHOOL TO ADMINISTER MEDICATION

The school will not give your child medicine unless you complete and sign this Form.

Details of Pupil

Surname..... Forename(s)

Condition or Illness

Name/Type of Medication (as described on container).....

For how long will your child take this medication?.....

Date dispensed.....

Full Directions for Use

Dosage

Timing

Special Precautions

Side Effects

Administered by/Self Administration over seen by.....

Signed

Procedures to take in an Emergency (if applicable)

.....

.....

I understand that I must deliver the medicine personally to the following agreed member of staff and accept that this is a service which the school is not obliged to undertake.

Date..... **Signature(s)**

Relationship to Pupil