



Consent to Give Medication in School

Child's Details:

Child's Full Name:

Address:

Home telephone No:

Date of birth:

Allergies:

Child's Photograph

We collect this data to assist with administering medicine in school

Contact details of parent / carer.

Name:

Relationship to Pupil:

Daytime telephone numbers:

Address:

Medicines to be given in School:

Name of Medicine (as described on container):

Strength and form of Medicine:

Dose in mg:

Method of administration:

Time to be given:

Medicine is long term / short course.

(Please delete as appropriate)

If short course when does course end?

Special instructions (e.g. with food, or after food, whether medicine needs to be stored in the fridge, does it need dissolving or crushing? etc.):

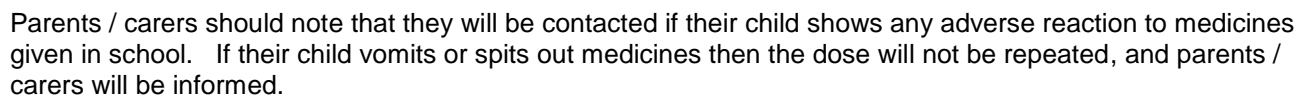
(declaration below to be completed by a person with parental responsibility for the child)

I give my consent to an education / health worker who has received appropriate training to administer the above medication on my behalf during school time.

Signature:

Print Name:

Date:



Child's Name:

Date of birth:

Name of Medicine:

Dose in mg:

[illegible]

