Thursfield Primary

Parental Consent
Administering Medicine During the School Day

Name of Child …….. Year Group ……...

Name of Medication ……

Dosage ……. (5ml / 10ml / 1 tablet etc)

Time/s to be administered ……...

Start Date …… End Date ……

Please give details in the box below of any medication your child has been given before arriving at school;

Name of Medication
Dosage Given
Time

I understand that all medicine administered in school will be recorded below, signed by the member of staff administering the medicine and countersigned by an additional member of staff present. This record will be filed and stored in school.

Signed ……Parent/Guardian Date ……...

Date	Medication	Dosage Eg 5ml or 2 tablets etc	Time	Signature Staff Administering Medicine	Signature of Staff Witness