

Parental Consent for Administration of Medicines in Waingroves Primary School

To be completed by the parent/guardian of any child requesting that drugs be administered under the supervision of school staff or where a child is bringing medicine into school which they will self-administer.

Name of Child Date of Birth

Class

My child requires the following medicines: Prescribed by a Doctor/ Non-Prescribed

Name of Medicine or Drug to be given	When? (if required at lunchtime, medicine will be given between 12 & 1 pm, a specific time cannot be guaranteed)	How much? Please specify dose required	Route? (ear, mouth etc).

Date & Time last dose was given.....

* Child's name can administer her/his own medication /requires assistance in administering her/his medication.

I request that the treatment be given in accordance with the above information by a named member of the school staff who has received all necessary training. I understand that it may be necessary for this treatment to be carried out during educational visits and other out of school activities, as well as on the school premises.

I undertake to supply the school with the drugs/medicines in the original duplicate labelled containers provided by the Dispensing chemist.

In case of an emergency with my child, I will be told of any action taken as soon as possible using the details below:

NameSignature

Contact telephone no Date

