

PARENTAL CONSENT FORM
(NON-PRESCRIPTION MEDICATION)

The School will not give your child non-prescribed medication, such as Calpol or Paracetamol, unless you complete and sign this form, and supply the medication in the original container, clearly labelled with your child's name.

Details of Pupil

Surname _____ Forename _____ Class _____

Address _____ Date of Birth _____

Medication

Name/Type of Medication (as described on the container) _____

Full directions for use _____

Dosage _____ Timing _____

Self Administration Yes No

NB PARENTS MUST ENSURE THAT IN DATE PROPERLY LABELLED MEDICATION IS SUPPLIED

Contact Details

Name _____ Relationship to Pupil _____

Address _____ Daytime Tel No. _____

I understand that I must deliver the medication personally to the School Office and accept that this is a service which the School is not obliged to undertake.

Signature _____ Date _____

PARENTAL CONSENT FORM
PRESCRIPTION MEDICATION

The School will not give your child prescribed medication, unless you complete and sign this form, and supply the medication in the original container, clearly labelled with your child's name.

Details of Pupil

Surname _____ Forename _____ Class _____

Address _____ Date of Birth _____

Condition or Illness _____

Medication

Name/Type of Medication (as described on the container) _____

For how long will your child take this medication? _____

Date dispensed _____

Full directions for use _____

Dosage _____ Timing _____

Self Administration Yes No

NB PARENTS MUST ENSURE THAT IN DATE PROPERLY LABELLED MEDICATION IS SUPPLIED

Contact Details

Name _____ Relationship to Pupil _____

Address _____ Daytime Tel No. _____

I understand that I must deliver the medication personally to the School Office and accept that this is a service which the School is not obliged to undertake.

Signature _____ Date _____