



Sherborne Primary School

Parental Consent for Administration of Medicines

The school will administer medicine to your child when this consent form is completed and signed. Please use a separate form for each medication.

The medicine must be delivered to the school office.

Date:

Child's Name

Date of Birth

Form Class

Medical Condition or Illness

.....

Name and strength of medicine

Expiry date of Medicine

Dose to be given

Time to be given

Any other instructions or side effects that the school needs to know about

.....

Daytime phone number of parent or adult contact

.....

Name and phone number of GP.....

Medicines must be in the original container as dispensed by the pharmacy

The above information is to the best of my knowledge, accurate at the time of writing. I give consent to the school nurse or school staff to administer the medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the course of medication has been completed.

Signature

Print name.....

Relationship to child

Date

