



## 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: **Between 12.00 and 12.15pm only**

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

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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 .....

