

Wreay Church of England School



Wreay, Carlisle. CA4 0RL. Telephone/Fax: 016974 73275

Head Teacher: Mrs Claire Render

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Parental Consent Form for school to administer medicines

Dear Parents

The school will not give your child medicine unless you complete and sign this form. The Headteacher must also agree to permit and support any school staff who might volunteer to administer the medication with the appropriate training/instruction.

Date

Name of school

Name of pupil

Date of birth

Group/class/form

Medical condition or illness

Medicine

Name/type of medicine
(as described on the container)

Expiry date

Dosage and method

Timing

For how long will your child take this medication?

Special precautions/other instructions

Are there any side effects that the school/setting needs to know about?

Self-administration?

YES/NO (please indicate)

Procedures to take in an emergency

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

Contact details

Name

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Daytime telephone no.

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Relationship to pupil

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Address

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I understand that I must deliver the medicine personally to

[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering 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 medicine is stopped.

Signature(s) _____ Name of signatory (CAPS)

Relationship to pupil _____ Date
