

REQUEST FOR SCHOOL TO ADMINISTER MEDICINES

HOLLINS GRUNDY PRIMARY SCHOOL

Happiness, Health and Respect for Confident, Creative Learners

Parental Consent Form

The school will not give your child medicine unless you complete and sign this form, and the Headteacher has agreed that school staff can administer the medication

Pupil Details

Surname		Date of Birth	
Forename		Condition/Illness	
Address			

Medication

Name of Medication (as described on the container)	
Date Dispensed	
Dosage & Method	
Timing	
Special Precautions	
Side Effects	
Self Administration	
Procedure to take in an emergency	

Contact Details

Name	
Address	
Phone	
Relationship to Pupil	

I understand that I must deliver the medicine personally to [agreed member of staff] and accept that this is a service which the school is not obliged to undertake.

Signature	
Date	