

Headteacher: Emma Smith

Pupil Medical Consent Form (to be completed by the parent/carer)

Pupil Name: _____

Pupil's Class: _____

Name of Medicine	Dose	Time
1.		
2.		
3.		

Date of Completion of Course (if known): _____

Additional Information about medicine (i.e. to be kept in fridge):

Please note:

Any prescribed medicine must be supplied to the school in a container clearly labeled (by the pharmacist) with the name of the medicine, full instructions for use and the name of the pupil. All medicines should be in the original container bearing the manufacturer's instructions/guidelines. The school may refuse to administer any medicines supplied in inappropriate containers.

This form should be renewed by the parent/guardian if there are any changes to a pupils medication.

Parent/Carers Signature: _____

Name (Block Capitals): _____

Relationship to Child: _____

Date: _____

MEDICATION RECORD OF EACH DRUG ADMINISTERED IN SCHOOL
(USE A SEPARATE LINE FOR EACH PRESCRIBED MEDICATION)

[illegible]