

Marsh Lane Primary School
PARENTAL CONSENT FORM
ADMINISTRATION OF MEDICINES IN SCHOOL

To be completed by the parent/guardian of any child requesting drugs to be administered by or under the supervision of school staff or where a child is bringing medicine into school which they will self administer.

Name of Child : Class:

Date of Birth : Date of Request :

Address :

Prescribed Medicine

Name of Medicine :

When to be given :
(Either 11am or 1pm)

How much :

Any special instructions :

How long medicine required :

I request that the treatment be given in accordance with the above information by a member of the school staff who has received all necessary training. I understand that it may be necessary for this treatment to be carried out during Educational visits and other out of school activities, as well as on the School premises.

I undertake to supply the school with the drugs and medicines in the original labelled containers provided by the Dispensing Chemist.

I accept that whilst my child is in the care of the school, the school staff stand in the position of the parent and that the school staff may, therefore, need to arrange any medical aid considered in an emergency, but I will be informed of any action as soon as possible.

I can be contacted at the following address / telephone number during school hours.

Name : Signed :

Address (if different) : Telephone Number :

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