



## Parental Consent for Administration of Medicine in School

Parent/Carers of pupils at our school must complete this form before any medicines can be administered by a member of staff at school. No medicines will be administered without this completed form and if more than one medicine is to be given, a separate form must be completed for each one. Further copies are available from the school office or the school website: [www.carnarvon.notts.sch.uk](http://www.carnarvon.notts.sch.uk)

Name of school	Carnarvon Primary School
Date	
Name of child	
Child's class	
Name and strength of medicine	
Number of tablets/quantity of medicine given to school	
Expiry date	
Dosage amount	
Time(s) to be given	
Storage instructions	
Any other instructions	

**Note: Medicines must be in the original container as dispensed by the pharmacy**

Daytime telephone number of parent or other authorised adult	
Name and telephone number of GP	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff to administer medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change to any of the above details or if the medication is stopped.

Signature of Parent/Carer \_\_\_\_\_

Print name \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

