



**OTHER**

**Headteacher:** Mrs N Peters

**CONSENT TO ADMINISTRATION OF PRESCRIBED MEDICATION**

I request that medication is administered as prescribed by the child's GP. The medication is clearly labelled indicating the child's full name, date of birth, contents and dosage. I understand that the medication must be handed in to the school office and collected at the end of the school day. The school is not obliged to carry out this service and, if it is deemed inappropriate for staff to administer the medication, the Headteacher will inform parents.

Child's Name:	
Date of Birth:	
Class:	
Parent(s)/Carer(s) Name:	
Emergency Contact Telephone No:	Home: Mobile:

Name of GP:	
Medical Practice:	
Medical Practice Telephone Number:	

Name of Medication:	
Prescribed Dosage:	
Stored in Fridge:	YES/NO (Please delete as appropriate)

**Parent/Carer to complete Date(s), Time(s) and Dosage.  
Staff to complete Administered by column.**

Date	Time	Dosage	Administered by

Parents' agreement to the administration of prescribed treatment by trained volunteer staff.

Signed: .....

Date: .....

