



PUPIL MEDICATION REQUEST - CONSENT

Medication should not be carried by pupils during School hours unless pre-authorisation has been granted by the Medical Room staff. All medication must be in original packaging displaying the dispensing details and any information leaflets included. Medication administration will be refused if signed consent has not been provided. It is the responsibility of the parent to inform the School of any adverse effects and any changes must be documented in writing to the Medical Room Team.

Child's Full Name

Date of Birth..... Year Group & Form

Reason for medication

Contact number during the day

Please tick the following statement to acknowledge consent:

I agree that the School will administer the named medication / provide treatment to my child as directed below.

Name of medicine Dosage Frequency/Times Completion date :

SignedPrintDate
(One consent form per medication)