**CONSENT FOR MEDICATION TO BE GIVEN AT SCHOOL**

* **Prescribed** and **non-prescribed** medication will not be accepted in school without complete written and signed instructions from the parent.
* All medication should be delivered to the surgery with a copy of this form, in normal circumstances by the parent, in the original packaging as originally dispensed. **The school will not accept items of medication in unlabelled containers.**
* These will be checked and dispensed into clearly named and photograph identified medicine trays by the school nurses.
* The school will keep records of all medications administered, which will be available for parents.

**Please arrange for my son to be given the following medication during the school day.**

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| --- | --- | --- |
| **Name of Medicine:** | **Dose:** | **Frequency/Times:** |
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|  |  |  |
| Special Instructions: | | |

Signed: ………………………………………………………………….………………………………………... Date: …………………………….…………

Name: (print)……………………………………………………..………………………………………………………………………………………….…….

Child’s name: ………………………………………………..…………………………………………………………………………………..……………….