

## Rothersthorpe C of E Primary School

### Parental Consent for Administration of Medicines

Please complete this form and send it in with your child's medication. The school will administer medicine to your child when this consent form is completed and signed. Please use a separate form for each medication.

Date: .....

Child's Name .....

Form Class .....

Name of medicine .....

Expiry date (if available) .....

Dose to be given .....

Time(s) to be given .....

Any other instructions .....

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

The above information is to the best of my knowledge, accurate at the time of writing.

I give consent to nominated school staff to administer the medicine in accordance with the school Medicine Policy. I will inform the school immediately, in writing, if there are any changes in dosage or frequency of the medication or if the course of medication has been completed.

Signature ..... Print name.....

(Parent/Carer)

Date .....

**This form is available to download from the school website.**