



FOR USE BY SCHOOL

PARENTAL CONSENT FOR A CHILD TO RECEIVE MEDICATION

IN SCHOOL / BREAKFAST CLUB / OR AFTERSCHOOL CLUB / HOLIDAY CLUB

IMPORTANT PLEASE NOTE ~ Any medication left in school will need to be collected at the end of the course or when your child no longer requires it.

I undertake to ensure that the school has adequate supplies of this/these medication(s)

I undertake to ensure that this/these medication(s) supplied by me and prescribed by my child's doctor will be in the original packaging and is/are correctly labelled, in date, with storage details attached, and that the school will be informed of any changes.

I understand that the medication will be given by a member of staff who has received appropriate training in accordance with the Local Education Authority Code of Practice.

Name of Child Date of Birth

Class

Name of Parents/Carers

Home Number Mobile Number

Name of G.P. Telephone Number

I consent to my child receiving the following:

Medication	Dosage	Time
a)
b)
c)

Please circle below as necessary

In School Yes / No **At the Breakfast Club** Yes / No **At the Afterschool Club** Yes / No

Holiday Club Yes / No

Parent's/Carer's Signature.....

Date