



School No. 0503

BRINKWORTH EARL DANBY'S SCHOOL

PARENTAL CONSENT FOR SCHOOL TO ADMINISTER MEDICATION

The school will not give your child medicine unless you complete and sign this form and unless it has been prescribed by a doctor.

Details of Pupil: Surname: Forename(s):

Address: M/F:

..... Date of Birth:

..... Class:

Condition or Illness:

Name/Type of Medication (as described on container):

For how long will your child take this medication? :

Date dispensed:

Full Directions for Use

Dosage:

Timing:

Special Precautions:

Side Effects:

Self Administration:

Procedures to take in an Emergency.....

Contact Details

Name: Daytime Tel.No.:

Relationship to pupil:

Address:

I understand that I must deliver the medicine personally to the following agreed member of staff and accept that this is a service which the school is not obliged to undertake. **For inhaler sufferers:** I authorise the school to use the generic emergency inhalers (Salbutamol 100 micrograms) should my child's inhaler be either empty or out of date, or in emergency situations.

Date: **Signature:**

Relationship to Pupil:

MEDICATION ADMINISTERED

[illegible]