Ashbourne Primary School
Headteacher: Miss Paula Whysall
Chair of Governors: Ashley Tabony

Parental Consent for School to Administer Medicine

Note: Medicines must be in the original container as dispensed by the pharmacy

Name of School: Ashbourne Primary School **Date: ……**

Child's Name: …… Date of Birth: ……

Class: ……..

Medical condition/illness: ……

Name and Strength of medicine: .....

Dose ……

Time/times given ……

Any other instructions

……

……

NB: MEDICATION MUST BE IN THE ORIGINAL CONTAINER, AS DISPENSED BY THE PHARMACY WITH THE CHILD'S NAME ON AND CLEAR INSTRUCTIONS ON HOW MUCH TO GIVE

Name of parent/carer: ……..

Telephone number of parent/carer: ……..

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medication in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

I accept that this is a service that the school is not obliged to undertake.

Parent's/Carer's signature: …….

This data will not be shared with any third party and will solely be used by Ashbourne Primary School for information purposes.

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