



**Request for school to administer medicine  
Parent Consent Form**



Pupil's Surname:		<p><b>Head teacher's Agreement to the Administration of Prescribed Medicine by Relevant Member of Staff</b></p> <p>I agree that the school will administer medicine as supplied by the parent/carer/guardian</p> <p>Signed: _____</p> <p>Date: _____</p>
Pupil's Forename(s):		
Address:		
Date of Birth:		
Known Allergies:		

<u>Name of Medicine:</u>	<u>Full directions for use</u>		<u>Parent/Carer Signature:</u>	<u>Date:</u>
	Dosage and Method:	Timing:		

I understand that the medication must be handed to the transport/escort for **SAFE** delivery to school staff.  
(MEDICATION should not be packed in your child's school bag).

**I understand that I must notify the school of any changes to the above information**

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

I understand that the medication must be handed to the transport/escort for **SAFE** delivery to school staff.  
(MEDICATION should not be packed in your child's school bag).

**I understand that I must notify the school of any changes to the above information**

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Relationship to child: \_\_\_\_\_