

Parent Consent Form

Request for School to Administer Medication

Child's Name: _____ Class: _____

Condition or illness: _____

Medication:

Name/Type of Medication: _____
(As described on container)

For how long will your child be taking this medication: _____

Full directions for use:

Dates to be given: _____

Dosage: _____

Timing: _____

Special precautions: _____

Side effects(if any): _____

Procedures to take in an emergency:

I understand that I must deliver the medication personally to a member of staff e.g. office administrator, in a clearly labelled container & accept that this is a service which the school is not obliged to undertake.

Signature: _____ **Date:** _____

Relationship to pupil: _____