



## Parental Consent to Administer Medicine

This school will not give your child medicine unless it is in accordance with our Supporting Pupils with Medical Conditions Policy **and** you complete and sign this form.

<b>School/Setting:</b>	Yealand CE Primary School		
<b>Name of Child:</b>		<b>Class:</b>	
<b>Medical diagnosis, condition or illness</b>			
<b>MEDICINE(S)</b>			
<b>Name/type of medicine(s)</b> (as described on the container)			
<b>Expiry date(s):</b>			
<b>Dosage and method of administration:</b>			
<b>Timing(s):</b>			
<b>Special precautions or other instructions:</b> e.g. with food etc.			
<b>Can the child self-administer?</b>	YES / NO	<b>If YES is supervision required?</b>	YES / NO

**PLEASE NOTE: medicines must be in the original containers as dispensed by the pharmacy.**

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

<b>Signed:</b>		<b>Date:</b>	
Medication checked and accepted by.			
<b>Name of staff member:</b>			
<b>Signed:</b>		<b>Date:</b>	