



# Bentley Heath Church of England Primary School

## Consent Form to Administer Medicines

School will not be able to support the administration of any medication unless this form is completed and signed

Dear Head teacher

I request and authorise that my child \*be given/gives himself/herself the following medication:  
(\*delete as appropriate)

|  |  |                      |  |
|--|--|----------------------|--|
| <b>Name of child</b>   |  | <b>Date of Birth</b> |  |
| <b>Address</b>   |  |                      |  |
| <b>Daytime Tel no(s)</b>   |  |                      |  |
| <b>Class</b>   |  |                      |  |
| <b>Name of Medicine:</b>   |  |                      |  |
| <b>Special precautions e.g. take after eating</b>                              |  |                      |  |
| <b>Are there any side effects that the school/setting needs to know about?</b> |  |                      |  |
| <b>Time of Dose</b>  |  | <b>Dose</b>          |  |
| <b>Start Date</b>  |  | <b>Finish Date</b>   |  |

This medication has been prescribed for my child by the GP/other appropriate medical professional whom you may contact for verification.

|                                      |  |
|--------------------------------------|--|
| <b>Name of medical professional:</b> |  |
| <b>Contact telephone number:</b>     |  |

### I confirm that:

- It is necessary to give this medication during the school/setting day
- I agree to collect it at the end of the **day/week/half term** (delete as appropriate)
- This medicine has been given without adverse effect in the past.
- The medication is in the original container indicating the contents, dosage and child's full name and is within its expiry date.

|                              |  |
|------------------------------|--|
| <b>Signed (parent/carer)</b> |  |
| <b>Date</b>                  |  |