

**CONSENT REQUEST FORM FOR PRESCRIBED MEDICATION TO BE ADMINISTERED IN SCHOOL**

CHILD'S NAME.....

CLASS.....

DATE.....

REASON FOR REQUEST FOR MEDICATION TO BE ADMINISTERED.....

.....

.....

.....

MEDICATION NAME.....

DOSAGE TO BE ADMINISTERED.....

TIME OF DAY TO BE GIVEN.....

HOW LONG E.G. number of days to be administered, or instructions for long term.....

.....

I seek permission from the head teacher for the above prescribed medication to be administered to my child during the school day as detailed above.

I understand that the medication must be clearly labelled, in date and provided in its original container.

I understand that it is my responsibility to collect and dispose safely of any medication surplus to my child's requirements.

PARENTAL SIGNATURE.....

HEADTEACHER.....