Meriden Church of England Primary School

CONSENT TO ADMINSTER MEDICINES

The school staff will not give any medication unless this form is completed and signed.

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

Pupils' Name:	
Date of Birth:	
Class:	
Address:	
Tel No:	

Name of Medicine:			
Time of Dose:		Dose:	
Start Date:		Finish Date:	

This medication has prescribed for my child by the GP whom you may contact for verification.

Name of GP:	
Contact telephone number:	

I have confirmed that it is necessary to give this medicine during the school day.

The medication must be in the original container indicating the contents, dosage and child's full name.

Signed (parent/ carer):	
Date:	

Eco-Schools

Solihull Metropolitan Borough Council

Arts Council England ARTSMARK GOLD

Healthy Schools Solihull