MEDICINE CONSENT FORM

To: The Headteacher – East Hunsbury Primary School

I request that school staff administer the following medication to:

…… ……
(child's full name) (Child's Class)

Medicine to be given: ……

Dosage: ……

Time: ……

Any other relevant information: ……

I will notify the school immediately of any changes to these instructions.

Staff will endeavour to administer medication as prescribed, but cannot accept responsibility if this does not happen.

Signed: ……..... Parent / Guardian

Date: ……

MEDICATION ADMINISTERED

DATE: …… TIME: …… GIVEN BY: ……2ND ADULT……

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