



THIS FORM SHOULD ONLY BE USED FOR PRESCRIBED MEDICATION/UNPRESCRIBED MEDICATION FOR 3 CONSECUTIVE DAYS ONLY

ADMINISTRATION OF DRUGS - CONSENT FORM

Agreed review date to be initiated by: (staff member)

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

Parent's signature Date

Print name

IF MORE THAN ONE MEDICINE IS TO BE GIVEN A SEPARATE FORM SHOULD BE COMPLETED FOR EACH ONE.

Daytime phone number of parent or adult contact:

Name and phone number of G.P:

Name and strength of medication:

Expiry date:

How much to give (i.e. dose to be given):

When to be given:

Any other instructions:

Number of tablets to be given to school:

(Note – medicines must be in the original container as dispensed by the pharmacy)

CHILD'S NAME:

Tutor group:

Date of birth:

Home address:

.....

.....

Principal: Mrs Christine Horrocks BSc (Hons) NPQH Chair of Governors: Dr Derek Cheetham

Hallcroft Road, Retford, DN22 7PY T: 01777 713700 F: 01777 713711 E: office@elizabethan.notts.sch.uk www.elizabethan.notts.sch.uk



THIS FORM SHOULD ONLY BE USED FOR PRESCRIBED MEDICATION/UNPRESCRIBED
MEDICATION FOR 3 CONSECUTIVE DAYS ONLY

ADMINISTRATION OF DRUGS - CONSENT FORM

Agreed review date to be initiated by: (staff member)

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

Parent's signature Date

Print name

IF MORE THAN ONE MEDICINE IS TO BE GIVEN A SEPARATE FORM SHOULD BE COMPLETED FOR EACH ONE.

Daytime phone number of parent or adult contact:

Name and phone number of G.P:

Name and strength of medication:

Expiry date:

How much to give (i.e. dose to be given):

When to be given:

Any other instructions:

Number of tablets to be given to school:

(Note – medicines must be in the original container as dispensed by the pharmacy)

CHILD'S NAME:

Tutor group:

Date of birth:

Home address:

Principal: Mrs Christine Horrocks BSc (Hons) NPQH Chair of Governors: Dr Derek Cheetham

Hallcroft Road, Retford, DN22 7PY T: 01777 713700 F: 01777 713711 E: office@elizabethan.notts.sch.uk www.elizabethan.notts.sch.uk