



Oak Hill C of E Primary School

Parental consent form for school to administer medication as detailed in the school's Policy for Administering Medication

Child's Name	
Tel. Nos. (in case of emergency)	
Medical Condition or Illness	
How long will your child need to take this medication?	
Name of medicine (as described on container)	
When to be given?	
Dosage (how much to be given)? <u>PLEASE NOTE</u> Medication will be kept at school	
Any other instructions	

I understand that I must deliver the above medication personally and accept that this is a service which the school takes voluntarily and that the school will do their best to fulfil this request, but cannot guarantee that they will be able to do so.

I give permission for my child to be given the above named medication.

Parent/Carer's Signature _____

Parent/Carer's Name _____ Date _____