

HEATON PARK PRIMARY SCHOOL / MEDICATION CONSENT FORM

Parents/carers - please complete this form giving permission for school staff to administer medicine for your child.

Pupil Details

Childs Surname:	
Childs Forename(s):	
Class/teacher:	
D.O.B:	

DOSAGE

Condition/Illness:	
Name of medication:	
Date dispensed:	
Last dosage given (at home):	
Dosage required:	
Duration (No of days):	
Times of dosage to be given:	
Special precautions/Side effects:	
Self-administration:	

Parent/carer contact details

Name:	
Relationship to child:	
Contact number:	

I give permission for a member of school staff to administer the above medicine to my child for the duration specified.

SignParent/Carer

Date.....

Dosage table overleaf

Medication Record

Date:	Dosage (No.of tablets/dosage given):	Time given:	Administered by:	Witnessed by:

