Wiltshire Council
Where everybody matters

ADMINISTRATION OF MEDICINE DURING SCHOOL HOURS

PARENTAL CONSENT

I request that members of staff administer the following medication as directed. I understand that the medicine should be delivered to the school in an original container if dispensed by a pharmacy and remember this is a service which the school is not obliged to undertake. I will inform the school immediately if there is any change or the dosage or frequency or if the medication is to cease.

Parent Signature..Printed Name...Date.....................

Childs Full Name	
Year Group/Class	
Condition/Illness	

	Name of Medicine	Prescribed by a GP/Pharmacist Y/N	Dosage Req	Location of Meds	Time for Administration & Frequency
1					
2					
3					

SPECIAL INSTRUCTIONS/PRECAUTIONS/SIDE EFFECTS
EMERGENCY ACTION
OTHER PRESCRIBED MEDICINES TAKEN AT HOME