



Alderman Jacobs Primary School



Parental consent for school staff to administer prescribed medication in school.

Please note only medication prescribed by a doctor can be administered in school and we can only administer medication that has been prescribed four times a day.

Child's Name	
Date of Birth	
Class	
Condition/illness	

Medicine details

Name (as described on the container)	
Dose - please provide correct spoon	
Time of day to be given	
Any side effects of this medicine that school should be aware of?	

Contact Information

Name	
Contact telephone number	
Relationship to child	

Consent

I give consent for medication to be administered by a member of the school staff in the circumstances described above. I will ensure that the medication is correctly labelled and has not expired. I will inform the school of any changes to dosage or frequency and when the medication should be stopped.

Signed..... Date.....

Print name.....

Please ensure that medications are handed to the school office in the morning and collected from the school office at the end of each day. Please do not give medication to your child to bring into school.