

PARENTAL CONSENT TO DISPENSE MEDICATION FORM

Medication must be supplied to school in its original packaging with the pharmacy prescription label attached, clearly stating the medication dosage, child's name and must be within the expiry date.

Student Name: _____ Date of Birth: _____

Address: _____

Post Code: _____

Parent / Carer Name: _____ Emergency Contact No.: _____

GP Name: _____ Location: _____

GP Telephone No: _____ NHS No.: _____

	Please Tick	✓
I DO give consent for staff at The Park School to administer emergency First Aid to my child		
I DO NOT give consent for staff at The Park School to administer emergency First Aid to my child		
I DO give consent for staff at The Park School to administer paracetamol to my child		
I DO NOT give consent for staff at The Park School to administer paracetamol to my child		

I give consent for staff at The Park School to give my child medication prescribed by our doctor as directed below. I accept full responsibility for this instruction.

Name of Medicine	Dose	Frequency / Times	Special Instructions

Signed: _____ Date: _____
Parent / Carer

Print Name: _____