

## PARENTAL CONSENT TO DISPENSE MEDICATION

**(Medication must be supplied to school in its original packaging and clearly labelled with the pupil's name and within the expiry date.)**

Pupil's Name .....Date of Birth.....

Class: .....

Parent/Carer Name (PLEASE PRINT).....

Emergency Contact Number: .....

GP Name: ..... Location: .....

GP Telephone Number: ..... NHS Number: .....

Date of last Tetanus: .....

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.

Paracetamol tablets	Yes/No	Sunscreen	Yes/No
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Signed ..... Date .....  
(Parent/|Carer)

Name of Medicine	Dose	Frequency/times	Special Instructions

Name of Medicine	Dose	Frequency/times	Special Instructions

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