

LEGOLAND 9 July 2021

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 NameDate 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

Headteacher: Dr Paul Walsh MA Edd NPQH

Onslow Crescent, Woking, Surrey, GU22 7AT

Tel: 01483 772 057

Email: info@thepark.surrey.sch.uk

Website: www.thepark.surrey.sch.uk



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