

Parental Consent to Administer Non-Prescription Medication 48 hours at the discretion of Warnham Primary School

Warnham Primary School will not give your child medicine unless you complete and sign this form.

Medicines must be in the original container as dispensed by the pharmacy and the manufacturer's instructions and/or Patient Information Leaflet (PIL) must be included

Childs Name	
Date of Birth	
Class	
Illness/Medical Condition	
Name of Medication	
Time of Dose Given Before School	
Dose to be Given	
Time of Next Dose	
Side effects if any / Storage needs / other instructions	

Parent/Carers Name	
Relationship to child	
Telephone Number	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Warnham Primary School staff to administer medicine in accordance with their school policy.

I confirm that this medication has been administered to my child in the past without adverse effect. I understand that it is my responsibility to inform Warnham Primary School if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____ Date _____

Child Name	
Medication	
Dose Required	

DAY 1

Time medication was given at home _____

For Office use

Date		
Time given		
Dose given		
Administered by		
Witnessed by		

DAY 2

Time medication was given at home _____

For Office use

Date		
Time given		
Dose given		
Administered by		
Witnessed by		