

## MEDICATION CONSENT FORM

The school/setting will not give your child any medication unless you complete and sign this form and the Head Teacher has confirmed that school staff have agreed to administer the medication.

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### DETAILS OF PUPIL

Surname: .....

Forename (s): .....

Class: .....

Reason for medication (optional): .....

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### MEDICATION

Name/Type of Medication (**as described on the container**) .....

Time of last dose administered off site: .....

Dosage to be taken in school: .....

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Date: .....

Signed: .....