

St.Wilfrid’s Catholic Primary School

PARENTAL CONSENT FOR ADMINISTRATION OF MEDICINES

**Medicines should normally be given at home (**e.g. before school, at the end of school) except on exceptional occasions when parents/carers may complete this form to request that medicine be administered under the supervision of staff.

Name of my child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Child’s Class Teacher\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of GP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Practice\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Name of medicine | When? | How Much? | What is the last date that the medicine should be given? |
|  |  |  |  |
| Brief description of illness: | | | |

I request that the treatment be given in accordance with the above information by a member of staff at St.Wilfrid’s Primary School. I understand that it may be necessary for this treatment to be carried out during educational visits and other out of school activities.

***I recognise that St.Wilfrid’s Primary School does this as a service to parents/carers and that schools are not legally bound to do this.***

***I undertake to supply school with the medications in the original labelled container provided by the Dispensing Chemist.***

***I accept that whilst my child is in the care of the school, staff are in the position of the parent and may need to arrange any medical aid considered necessary in an emergency. If this happens I will be told of any such action as soon as possible.***

***I can be contacted via the following during school hours***

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Telephone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternative Contact name and Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**You must guarantee that we can contact you immediately during the school day if any problems should arise.**

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_