



Consent form for Non-prescription, prescription and CD medication administered during the school day by School Nurse/Trained member of staff

Student's Name:		Date of Birth:	Tutor group:
Name and strength of medication:		Date prescribed:	
Dose:	Frequency: (e.g. x1/2 a day at breakfast)	End Date:	Expiry Date:
Reason for Medication:			
Directions for administering Medication (to be taken with food etc.):			
Please note any other medications student is taking or further instructions:			
NB: Medication must be in the correct container and packaging. Pupil's name and dosage must be clearly written on package or bottle.			
CONSENT			
<ul style="list-style-type: none"> I consent to my child receiving the medication mentioned above, that I have provided the school with. I understand the school nurse (or other trained member of staff) will administer this medication 			
Signed:		Date:	
Parent Name:			