



## LEIGHSWOOD SCHOOL

### Parental Consent form for Prescription Medicine

The school will not give your child medicine unless you complete and sign this form and the Head Teacher has agreed that school staff can administer the medication.

#### Details of Pupil:

Surname: \_\_\_\_\_ Forename: \_\_\_\_\_

Class: \_\_\_\_\_ DOB: \_\_\_\_\_ M/F

Condition or Illness: \_\_\_\_\_

#### Medication

Name of Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ Timing \_\_\_\_\_

For how long will your child take this medication? \_\_\_\_\_

Please tick if medication is to be taken home each night

Please tick if medication to be taken home at weekends

If neither box is ticked we assume medication remains in school at all times

Contact number in case of emergency: \_\_\_\_\_

I understand that I must deliver the medicine personally to the office and accept that this is a service that the school is not obliged to undertake

Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

Date: \_\_\_\_\_

Returned to parent/taken to pharmacy: \_\_\_\_\_ Signed & dated by staff member

