****Parental Consent Form

**WINNINGTON PARK PRIMARY SCHOOL AND NURSERY**

**REQUEST FOR THE SCHOOL TO GIVE MEDICATION**

Dear Headteacher

I request that .........................................….................................. (Full name of pupil)

be given the following medicine(s) while at school:

Name of Medicine

Duration of course

Dose Prescribed

Date Prescribed

Time(s) to be given

The above medication is clearly labelled indicating contents, dosage and child’s name in FULL.

* I understand that the medicine must be delivered to and collected from the school by

myself or the undermentioned responsible adult.

 .....................................................................................

* I accept that this is a service which the school is not obliged to undertake and also agree to inform the school of any change in dosage immediately.
* I understand that every effort will be made to give the medication at the stated time, but this cannot always be guaranteed.

I agree to the Headteacher requesting access to the above named pupil’s medical records

Signed: ................................................................... Parent/Guardian

Address: ...................................................................

 ...................................................................

 ...................................................................

Date: ...................................................................

Notes to Parents:

1 Medication will not be accepted by the school unless this form is completed and signed by the parent or legal guardian of the child and that the administration of the medicine is agreed by the Headteacher.

2 This agreement will be reviewed on a termly basis.

 The Governors and Headteacher reserve the right to withdraw this service.

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| Medicine administered | Dosage | Date and time | By whom  | wITNESS | rETURNEDTO CARER |
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