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| **Ash Lea School, Owthorpe Road, Cotgrave,** **Nottingham NG12 3PA****Tel: (0115) 989 2744 Fax: (0115) 989 3878****e-mail:** **office@ashlea.notts.sch.uk****Consent Form to Administer Medicines** **The school staff will not give any medication unless this form is completed and signed.** The medication must be in the original container indicating the contents, dosage and child’s full name.  If administering over the counter remedies parents must check that they are compatible with any prescribed medication that the child/young person is taking. Dear Head Teacher I request and authorise that my child **\***be given/gives himself/herself the following medication: (**\***delete as appropriate)

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| --- | --- | --- | --- |
|  Name of pupil:   |   | Date of Birth:   |   |
| Address:  Tel no:  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Medication | Dose | When required | Start date | Finish date |
|  |  |  |  |  |
|  |  |  |  |  |

This medication has been prescribed for my child by the GP whom you may contact for verification.

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| --- | --- |
|  Name of GP:  |   |
| Contact telephone: |   |

 **I have confirmed that it is necessary to give this medication during the school day.**

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| Signed (parent/carer):  |   |
| Date:  |   |

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