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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**](mailto: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. The bottle must be unopened or have an opened date.    **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)   |  |  |  |  | | --- | --- | --- | --- | | Name of pupil: |  | Date of Birth: |  | | Address:    Tel no: | | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | Medication | Dose | When required | Start date | Finish date | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | | If it is a non-prescribed medication has the child taken it before ? | | | Yes/No | |   This medication has been prescribed for my child by the GP whom you may contact for verification.   |  |  | | --- | --- | | Name of GP: |  | | Contact telephone: |  |   **I have confirmed that it is necessary to give this medication during the school day.**   |  |  | | --- | --- | | Signed (parent/carer): |  | | Date: |  | | |
| Ash Lea School fully complies with information legislation.  For the full details on how we use your personal information please click <https://www.ashlea.notts.sch.uk/privacy-notice/>or call 0115 989 2744 if you are unable to access the internet. | |