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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 Kate DaviesI request and authorise that my child **\***be given/gives himself/herself the following medication: (**\***delete as appropriate)

|  |  |  |  |
| --- | --- | --- | --- |
|  Name of child:   |   | 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:  |   |

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| 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. |