



Medication Parental Consent Form

I agree that the School Nurse (Sister Catherall) may administer to my child medication that has been prescribed by their GP. If however, the School Nurse is not available, I agree to other members of staff to administering the medication (*this is likely to be the Medical Room Assistant).

Child's name DOB..... Form

Name of prescribed medication

Dosage Duration of course

Date/s to be administered

Time/s to be administered

Method of administration

Reason for medication

Expiry date Any side effects

Parent's signature Date

Please note: the medication must be provided in an original container (as dispensed by the pharmacy with the prescriber's instructions for use), and the patient information leaflet left inside the packaging: this is a legal requirement.

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INVESTOR IN PEOPLE

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