

**EMMANUEL HOLCOMBE C.E. PRIMARY SCHOOL
REQUEST FOR SCHOOL TO ADMINISTER PRESCRIBED MEDICATION**

PARENT CONSENT FORM

The school is not able to give your child any medication prescribed by the doctor unless you complete and sign this form, and the Headteacher has agreed that school staff can administer the medication.

Child's Surname	
Child's Forename(s)	
Address	
Date of Birth	
Condition or Illness	
Name of Medication as Described on Container	
Date Dispensed	

Full directions for use:

Dosage and Method	
Timing	
Special Precautions	
Side Effects	
Self-Administration	
Procedures to Take in an Emergency	

Contact Details

Name, Address and Daytime Telephone Number	
Relationship to Pupil	

I understand that I must deliver the completed form and medicine personally to the office and that this is a service which the school is not obliged to undertake.

Signature(s)	
Date	