

Parental Consent for Administration of Medicines in School

I give permission to staff at Walworth School to administer prescribed medication as detailed below:

Pupil Name	D.O.B.	
Name of Medication (list all medication taken during the day)	Strength	Dosage and Times to be given
	Administration Route ORAL/TOPICAL/INHALED Please delete as necessary	
Relationship to Pupil:	Signature: Date:	
Address	Contact Telephone Numbers Emergency Contact Numbers	

I will supply the medication in the form in which it was supplied to me by the pharmacist (this may include the same medication supplied under a different brand name) The prescription will be clearly marked on the packaging by the pharmacist. Or alternatively agree to the designated person obtaining a split prescription to administer the medication at school.

I understand that the school will not accept any medications that are in unmarked packages or are out of date, and which do not contain the administration details as supplied by the pharmacist. I understand that medication **WILL NOT** be administered by the school unless this consent is completed and signed by the parents/guardian of the pupil.