

AUDLEM ST JAMES' CE PRIMARY SCHOOL

MEDICATION CONSENT FORM



I give permission for my child _____ in _____ Year
_____ to have

medicine administered by _____. The medication is

_____ and the dosage is as prescribed. This medicine has been prescribed by the family or hospital doctor and is clearly labelled indicating contents and name of child. I understand that this is a service which the school is not obliged to undertake and agree to inform the school of any change in dosage immediately.

Signed _____ parent/guardian Date _____

The Governors and Headteacher reserve the right to withdraw this service