

Grade Ruan C of E School

Medical Consent Form



Child's Name:

Class:

Parent's Name:

Parent Emergency contact details:

Name of Doctor:

Doctor's address:

Nature of Illness:

Medication prescribed:

Dosage:

Time to be given in school:

Is the medication to be self-administered? Y/N:

Any special instructions:

Any known allergies:

SCHOOL USE ONLY: (cont. overleaf)

Time given:

Signed:

Witnessed by:

I agree to my child receiving the above medication as documented on this form whilst in the care of school staff. I understand that I am responsible for ensuring the appropriate information, and medication, has been supplied. I confirm that I am the parent of the above child and as such, I am able to give authority for the above medication.

Name: _____

Signed: _____

Date: _____

