



BENFIELD SCHOOL

PRIDE IN PERFORMANCE

Headteacher: Mr. Neil Walker



Medicine Consent Form

Pupils Name: Form:

Parent/Guardian name:

Address:

.....

Daytime telephone number:

Medicines Advice

Please do not ask your child to carry medicines to school. They must be delivered by a Parent or Guardian.

All medicine must be in the original container complete with the Pharmacy label. There must be no mixed medication within the packaging.

Drug	Dosage
.....
.....
.....

Permission

I request that the drug/s listed below be given to my child. I understand that the staff giving these drugs are doing so according to my instructions. Medication is given either at morning break 11:05-11:20am or at lunchtime 12:20 – 1:00 pm.

Signed: (Parent/Guardian)

Date:



Benfield Road, Newcastle upon Tyne, NE6 4NU.

Tel: 0191 2656091 – E-mail: admin@benfield.newcastle.sch.uk - Website: www.benfield-school.co.uk

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