**TURTON & EDGWORTH C.E./METHODIST PRIMARY SCHOOL**

**REQUEST FOR SCHOOL TO ADMINISTER SHORT TERM PRESCRIBED MEDICINE (Form A) – PARENT CONSENT FORM**

The school is not able to give your child any medication unless you have completed, signed and returned this form, and the Headteacher has agreed that school staff can administer the medication. Medicine **must be** clearly labelled with the child’s name, dosage and date dispensed and in the original packaging.

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| Child’s Full Name | Date - Please state all dates medicine to be given | Name of Medicine as stated on container | Dosage and method | Time dosage to be given | Time medicine last administered at home | Storage of Medicine (fridge/room temp) | Dosage and time given and by whom - signature |
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Please note that medicine MUST NOT be sent into school with the child, it must always be brought into school and collected by an adult. I give permission for any adult who is authorised to collect my child at the end of the day to also collect the medication.

**Signed…………………………………………………………………**(Parent / Guardian / Relationship to child)