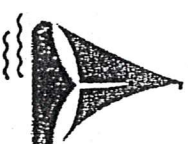


# Thameside Primary School



Parental consent for the administration  
of medicines in school

Thameside Primary School, Manor Road, Grays, Essex, RM17 6EF  
Tel: 01375372188

To be completed by the Parent/Guardian of any child requesting that drugs administered under the supervision of school staff or where a child is bringing medicine into school which they will self-administer

If you need help filling in this form, please ask a member of staff.

Name of Child \_\_\_\_\_ Class \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Birth \_\_\_\_\_ GP/Doctors \_\_\_\_\_  
\_\_\_\_\_

Please complete one form for each medication supplied.

Date \_\_\_\_\_

Name of Medication \_\_\_\_\_  
(as described on the prescribed container)

Date dispensed \_\_\_\_\_

Required dose \_\_\_\_\_

Time to be administered \_\_\_\_\_

Duration of medication \_\_\_\_\_

Name of illness being treated \_\_\_\_\_

Side effects \_\_\_\_\_

I request that the treatment be given in accordance with the above information by a named member of the school staff who has received all necessary training. I understand that it may be necessary for this treatment to be carried out during educational visits and other out-of-school activities, as well as on the school premises.

I undertake to supply the school with the drugs and medicines in the original labelled containers, provided by the dispensing chemist.

I accept that whilst my child is in the care of the school, the staff stand in the position of locum parents and that the school staff may need to arrange medical aid considered necessary in an emergency, but I will be told of any such action as soon as possible.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Emergency Contact Number \_\_\_\_\_