DUDLEY HOUSE SCHOOL
MEDICATION CONSENT FORM

Please complete this form and hand it to the school office staff if your child has to take medication during the school day.

Not all medication can be administered by members of staff, however, Epipens, Inhalers and other allergy related medication should be kept in school to be used if needed. It may be possible for other prescribed medication such as antibiotics to be administered by school staff, and each individual case will need to be discussed with the school office.

Please note: Children are not allowed to be responsible for keeping or administering their own medicine. All medications, creams, or lozenges must be handed to the school office, where it will be kept securely and returned to you at the end of each day.

Name of Pupil: ----------

Medication and Strength: ----------

Dosage: ----------

Time to be administered: ----------

Day and Date to be administered: ----------

I give consent for a member of staff to give my child the above mentioned medication.

Parent/Guardian (PLEASE PRINT): ----------

Parent/Guardian Signature: ----------

Date of Request: ----------

Staff Member Signature: ----------

To be completed BY A MEMBER OF STAFF

Date	Time	Administered By	Witnessed By	Parent/Guardian Signature