



CONSENT FOR SCHOOL TO ADMINISTER MEDICATION
(in exceptional circumstances).

I request that my child

Name _____

Class _____

be administered with

Name of Medication (1) _____

Dose _____

Time _____

(this cannot be guaranteed but we will endeavour to be as close as possible)

Name of Medication (2) _____

Dose _____

Time _____

(this cannot be guaranteed but we will endeavour to be as close as possible)

Date from _____ Date to _____

I understand that the school, or any member of staff, will accept no responsibility whatsoever in the event of an adverse reaction to the drug administered.

SIGNED _____ (PARENT/GUARDIAN)