



ST. ANDREW'S CE (VA) JUNIOR SCHOOL

Promoting excellence within a caring, Christian community

Headteacher: Mrs Karen Smith

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ADMINISTERING MEDICATION CONSENT FORM

The school will not give your child medicine unless this form is completed and signed by a parent/carer and the Head Teacher has agreed that school staff can administer the medication and follow the required procedure.

Name of pupil: _____ **Class:** _____

Medication

Name and strength of medication: _____

Reason for medication: _____

Daily Requirements (if applicable)

Dosage: _____

Time(s): _____

Special precautions: _____

Side effects: _____

Notes: If more than one medicine is to be given, a separate form should be completed for each one.

Any medication left in school at the end of each term will be disposed of.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change to dosage or frequency of the medication or if the medicine is stopped.

Signature: _____ Date: _____

Name: _____ Relationship to child: _____

Contact number: _____