



ST MARY'S
CATHOLIC PRIMARY SCHOOL
Mill Street, Brierley Hill, DY5 2TH
Web: <https://st-mary-bh.sch.life/>
Phone: 01384 985005

Consent form to administer medication – **Please complete red sections**

The school/early years setting staff will not give any medication unless this form is completed and signed.

Dear Principal/setting lead or manager

I request and authorise that my child *be given/gives himself/herself the following medication (*delete as appropriate)

Name of child		Date of Birth	
Address			
Daytime telephone number			
School /Setting	St. Mary's Catholic Primary School		
Class			
Medical condition or illness			
Name of medicine:			
Circle as appropriate:	Prescription / Over the counter		
Special precautions			
Side effects that school need to be aware of			
Time of dose		Dose	
Start Date		Finish date	

This medication has been prescribed for my child by the *GP/other appropriate medical professional whom you may contact for verification (*please delete as appropriate)

Name of medical professional	
Contact telephone number	

I confirm that:

- It is necessary to give this medication during the school/setting day
- **I agree to collect it at the end of the day/week/half term (delete as appropriate)**
- This medicine has been given without adverse effect in the past
- The medication is in the original container indicating the contents, dosage and child's full name and is within its expiry date
- The medication does not contain aspirin

Signed (parent/carer)		Date	
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