BURY C OF E PRIMARY SCHOOL - Form Med 1

MEDICAL INFORMATION AND CONSENT FORM FOR THE ADMINISTRATION OF MEDICATION

NAME OF CHILD:		
DATE OF BIRTH:		
NAME OF PARENT / CARER:		
HOME / MOBILE No.		
WORK TELEPHONE No.		
NAME OF GP:		**TELEPHONE No:**
HOSPITAL CONSULTANT: (if applicable)		**HOSPITAL: (if applicable)**
I consent to my child receiving the following medication in school (please include time/quantity of medication required):		
I undertake to ensure the school has adequate supplies of this/these medication(s). **I undertake to ensure that this/these medication(s) supplied by me and prescribed by my child's doctor are correctly labelled, in date, with storage details attached (if applicable), and that the school will be informed of any changes.** **I understand that the medication will be given by a member of staff who has received appropriate training in accordance with the Local Authority Code of Practice.**		

Signed _____ **Parent / Carer**

Date _____