



LADYBRIDGE PRIMARY SCHOOL

Broadford Road, Deane, Bolton, BL3 4NB

(for sat nav/directions, use post-code BL3 4NX)

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Administering Medication – Consent Form

Please refer to 'Administration of Medication Policy' (available on the school's website).

Please note that school staff are only permitted to administer medication that is deemed **essential and/or prescribed**, and upon completion of this form.

Child's Full Name			Class
Description of Medicine			
Dates that medication will be taken	From		To
Dosage			
Time(s) to be Given			
Medication Prescribed By (if applicable)	<i>Insert name of pharmacy or GP</i>	Date Prescribed (if applicable)	
Person to Contact in an Emergency	Name: Telephone Number: Relationship to Child:		
Additional Information/ Provision Requirements	<i>(eg, to be stored in the fridge etc)</i>		
Do you wish your child to self-administer?	Yes	No	

Parent/Carer Signature _____

Date _____

