



ORMSKIRK SCHOOL – MEDICATION CONSENT FORM.
(Important – School staff are NOT required to undertake this duty).

Child's Name	Form	Date of Birth
Parent Emergency Contact Details:		

GP	Surgery	Telephone
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Medication	Storage Requirements
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Prescribed Dosage and Time of Medication.

Is the medication self-administered? YES/NO

Any Special Guidance or Requirements?

Consequences to child if medication or treatment is accidentally missed.

What action is required.

Parent/Guardian/Carer Consent:

This task is being undertaken voluntarily and in a spirit of general care and concern. Ormskirk School will make every effort to administer the medication on time and as required. (See policy notes). The school cannot make any absolute guarantees and may decline to accept responsibility once the school has read these instructions. If so, you will be informed immediately.
I shall notify the school if there are any changes in writing

Signed (Parent/Guardian/Carer) Date