



'As Required' Medicines:

Medicine	Route (e.g. by mouth)	Dose	When used and how often	Comment

I confirm that the medicines listed above have been prescribed by a registered medical practitioner or a non-medical prescriber for the above named child and that I wish for staff to continue to administer these medicines while under their care.

I give consent for staff to access information about my child's current prescription from healthcare professionals involved in their care, including access to the GP's Summary Care Record, in order to ensure that information about my child's medication is accurate and that medicines can be used safely.

Signed	
Print Name	
Date	

School use only:

Information matched to labelled medication by:

Signed	
Print Name	
Date	