



Meridian
Trust



Orton Wistow
Primary School

Parental Consent For School Staff To Administer Medicine

In accordance with the School policy regarding the administering of medicines, the School will only be able to give medicine to your child when you complete and sign this form.

Child's Name Child's Date Of
Birth.....

Date..... Class.....
.....

**Note: Medicines must be in their original container as dispensed by the pharmacy.
The School Nursing Team advise that antibiotics can only be given in school if four times a day.**

1. Name and strength of medicine:

.....

Dose to be given:

.....

Days to be administered:.....

.....

Expiry

date:.....

.....

Any other instructions:

.....

2. Name and strength of medicine:

.....

Dose to be given:

.....

Days to be administered:.....

.....

Expiry

date:.....

.....

Any other instructions:

.....

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff to administer the medicine, who have received appropriate training in accordance with the Local Education Authority Code Of Practice. I undertake to ensure that the school has adequate supplies of the medication.

I undertake to ensure that the medicine(s) supplied by me and prescribed by my child's Doctor are labelled correctly, in date, with storage details attached, and will inform the school if there is any change in dosage or frequency of the medication or if the medicine is to be stopped.

Parent /carer signature..... Print

Name:.....

Daytime phone number of parent/contact.....

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