



**BEVERLEY SCHOOL PARENTAL REQUEST AND CONSENT FOR SCHOOL TO
ADMINISTER MEDICATION**

School will not give your son / daughter any medication unless you complete and sign this form.

All medication must be in original packaging with a dispensing label, and have been prescribed by a doctor.

Name of child _____

Date of Birth _____

Medication condition(s) or illness (es) _____

Medication details (please complete separate form(s) if your son / daughter needs to take more than one type of medication at school)

- Name/type of medicine _____

(as described on the container)

- Dosage _____
- Timing _____

- Special precautions, method of administration etc _____

- Are there any side effects that the school/setting needs to know about _____

- Self administration i.e. should school allow him/her to take the medicine without help/direct supervision?

YES/NO (If YES, please give additional info) _____

- Does your son / daughter have any allergies?
YES/NO (If YES, please give additional info) _____

- Procedures to take in an emergency _____

Contact details: Name: _____

Daytime phone number: _____

Relationship to child: _____

Address: _____

I accept that this is a service that the school provides on a voluntary basis, under the terms of its medication policy. I understand that the school will contact me if it is not possible or reasonably practical for school to administer medication.

Signature: _____

Name: _____

Date: _____

Relationship to child: _____