TOLSTA SCHOOL

PARENTAL CONSENT – For Administering Medicine to Pupils

To allow the school to give a child medicine written parental consent is requested. Please therefore complete the form below.

DETAILS OF PUPIL

Surname .... Forename(s) ....

Address ....

....

Date of Birth .... M ☐ F ☐

Class ....

Condition or Illness ....

MEDICATION

Name/Type of Medication (*as described on the container)*

....

....

For how long will your child take this medication?

.... Date dispensed ☐☐☐

Full directions for use

....

....

Dosage and method

....

....

Timing ....

I understand that I must deliver the medicine to the School Office and accept that this is a service which the school is not obliged to undertake.

Signature ....

Date ....

Relationship to Pupil ....