



SGOIL A' BHAC

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

<input type="text"/>	<input type="text"/>	<input type="text"/>
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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 _____