



Church Stanton, Taunton, Somerset, TA3 7RL
Head Teacher – Mr Matthew Watson
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Consent to Administer Medicines

School staff will not administer any medicine unless this form is completed and signed.

I request and authorise that my child:

Name _____ Date of Birth _____

Address _____

Phone No _____ Class _____

Is to be given the following medication / gives themselves (delete as appropriate) the following medication:

Name of Medicine _____

Time(s) of Dose _____

Dose _____

Start Date _____ End date _____

This medication has been prescribed for my child by:

Name of GP _____ whom you may contact for verification.
I can confirm that it is necessary to give this medication during the school day / duration of residential period.

Signed _____ Dated _____

Print
Name _____

ALL medication must be in the original container indicating the contents, dosage and child's full name. Whilst we endeavour to administer medicine as requested, parents/carers should note that school is not obliged to administer medication and cannot guarantee specific times.

