



BROCKHURST & MARLSTON HOUSE

Parent/Guardian Consent Form for the Administration of Medication
To be completed and returned when a child brings their own medication into school

Please state below the child's name and form, the name of the medication, instructions for administration and course duration. Please instruct the date, dosage and the time/s you wish your child to take their medication during the school day.

Pupil's name: _____ Form: _____

Name of medication: _____

Duration of course: _____

Amount of medicine to be administered: _____

Time of medicine to be administered: _____

Does the medicine need to be kept in the fridge? YES NO

I understand that I have to bring my child's medication into school and will notify you of any changes to the instructions given. It will be in a clearly marked original container/bottle with his/her name, along with the name of the medication, strength, dosage. The medication must be handed directly to the School Nurse or Matron on duty.

All medication will be stored in a locked cabinet or refrigerated if required.

Signature of Parent/Guardian _____ Date _____