



Administration of Medicines in Schools: Parental Consent and School Record of medicines to be administered to an individual child

Staff to ensure that the **right medicine** for the **right child** is given at the **right time** at the **right dose**.

I (parent/guardian) _____ consent to my child being given the medicine detailed below by staff at Hever CEP School.

Name of Child: _____ Date of Birth: ____/____/____

Name of school: Hever CEP School

Class Acorn / Magnolia / Elderberry / Elm / Willow / Chestnut / Oak (please circle)

Name and strength of medicine: _____

Date medicine provided by parent: ____/____/____

Quantity received: _____

Dose and frequency of medicine: _____

Parent/Guardian signature _____ Staff signature _____

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of staff member			
Staff initials			

Date	/ /	/ /	/ /
Time given			
Dose given			
Name of staff member			
Staff initials			