All Saints C.E. Primary School
All Saints Lane
Bexhill
East Sussex TN39 5HA

Telephone: 01424 219083

Parental Consent Form for Medication

To be completed by the parent/guardian of any child/young person to whom drugs may be administered under the supervision of school/setting staff

If you need help to complete this form, please contact the School/setting or the Health Visitor attached to your doctor's surgery.

Please complete in capital letters

Name of Child/Young Person:..... Date of Birth:.....

Medical Diagnosis/Condition/illness: .....

Date from: .....

Date to: .....

Class/Form: .....

Doctor's Name: .....

Doctor's Surgery: .....

The Doctor has prescribed (as follows) for my child:

Names of Drugs/Medicine	How often e.g. lunchtime or after food	How much 5ml/10ml or number of tablets