



## Parental Consent for School to Hold and / or Administer Medication.

**Benton Park School will NOT keep or administer a child's medicine unless this form is completed and signed.**

**The school undertakes to have a policy wherein trained staff can administer medicine.**

<b>Name:</b>		<b>Date of Birth</b>
<b>Form</b>	<b>Medical Condition / Illness</b>	

**Note: Medicines MUST be in the original container as dispensed by the pharmacy.**

<b>Name of Medication</b>	<b>Amount held by School</b>	<b>Expiry Date</b>
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**Known Side Effects**

<b>Dose</b>	<b>Timing</b>
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**Other Instructions / Precautions. (Including procedures in the event of an emergency)**

<b>Self administered?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Agreed Review Date</b>
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**Contact Details (Adult Contact)**

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**Contact Details (GP)**

**I understand that I must deliver the medicine personally to Mrs Gott and accept that this is a service that Benton Park School is not obliged to undertake.**

**I understand that I must notify school of any changes to dose or frequency in writing.**

<b>Parent / Guardian Name</b>	<b>Signature</b>
<b>Date</b>	