



*Learning, Listening and  
Laughing together*

**SEAGRY PRIMARY SCHOOL**

**CONSENT FORM FOR**

**ADMINISTRATION OF MEDICINES**

Child's Name .....

Parent Contact Number .....

Illness/Condition .....

I hereby request that members of staff administer the following medicines to my child as directed below, or in the case of an emergency, as staff consider necessary.

Signed ..... Date .....

Name of Medicine	Dose	Frequency/Times	Date of completion of course (if known)
1			
2			
3			
4			
5			
Any special instructions			
Allergies			
Other prescribed medicines taken at home			

