



Tanners Wood JMI School

ESTABLISHED 1952

Head Teacher: Mrs P Qureshi

Parental Consent for Tanners Wood School to Administer Medication

Child's Name: _____ Class: _____

- Name of medication: _____
- Expiry date: _____
- What dose should be given: _____
- When should it be given: _____
- For how long should it be given: _____
- Any other instructions: _____
- Quantity given to school: _____
- Daytime phone number of parent/carer: _____
- Name and phone number of GP: _____

Note: Medication must be in the original container as dispensed by the pharmacy.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Tanners Wood School staff administering medication in accordance with the school's policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medication is stopped.

Parent / Carer's signature: _____

Name: _____

Date: _____

Confirmation of the Head Teacher's/Deputy Head Teacher or Office Manager's Agreement to Administer Medication

Signed: _____

Date: _____

Print Name: _____

Record of Medication Administered to an Individual Child

Date	_____	_____	_____	_____
Time Given	_____	_____	_____	_____
Dose Given	_____	_____	_____	_____
Staff Name	_____	_____	_____	_____
Date	_____	_____	_____	_____
Time Given	_____	_____	_____	_____
Dose Given	_____	_____	_____	_____
Staff Name	_____	_____	_____	_____
Date	_____	_____	_____	_____
Time Given	_____	_____	_____	_____
Dose Given	_____	_____	_____	_____
Staff Name	_____	_____	_____	_____
Date	_____	_____	_____	_____
Time Given	_____	_____	_____	_____
Dose Given	_____	_____	_____	_____
Staff Name	_____	_____	_____	_____
Date	_____	_____	_____	_____
Time Given	_____	_____	_____	_____
Dose Given	_____	_____	_____	_____
Staff Name	_____	_____	_____	_____
Date	_____	_____	_____	_____
Time Given	_____	_____	_____	_____
Dose Given	_____	_____	_____	_____
Staff Name	_____	_____	_____	_____