



Manor Farm Community Infant School
Rose Avenue, Hazlemere, High Wycombe, Buckinghamshire, HP15 7PH
Headteacher: Mrs Janice Woodhead



Medication Parental Consent Form

The school will not give your child medication unless you complete and sign this form.

Name of child	
Date of birth	
Class	
Medical condition or illness	
Name / type of medication as described on the container	
Date dispensed	
Expiry date	
Dosage, timing, and method of administration	
Special precautions	
Parent/Guardian Name	
Relationship to child	
Daytime telephone number	

Signature _____ Date _____

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school's policy.

Prescribed Medication: I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Non-prescription medication: I confirm that I have administered this non-prescription medication, without adverse effect, to my child in the past. I will inform the school immediately, in writing, if my child subsequently is adversely affected by the above medication.

If more than one medicine is required a separate form should be completed for each one.