**Parental Medical Consent Form**

**Please note:** Wherever possible, medication should not be sent into school. In some circumstances, at the Executive Headteacher’s or a senior member of staff’s discretion, medication will be administered and in those cases this form must be completed. As children should not carry medication, it is the parent’s responsibility to get the medication to and from school. All medication will be administered following the guidance in the Medical Policy.

I hereby give permission for the **Executive Headteacher/Senior Leader (or a delegated member of school staff) to:**

Administer medication/Supervise the self-administration of medication (delete as appropriate) to:

…………………………….…………………………………..… (Child’s name) …………………………………… (Class)

**Name of medication**: **…………………………………………………………………………………………**

**Dosage to be administered: ……………………………………………….… Time: ……………………**

I accept that I will not hold the Executive Headteacher or any member of St David’s staff, LTT, nor its servants or agents responsible for any adverse effect from the administration of the above named medication.

**Signed: ……………………………………………………………. Date: ………………………….**

**(Parent/Guardian)**

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| **FOR OFFICE USE ONLY** |

**Signed: ……………………………………………………………. Date: ………………………………………**

**(Executive Headteacher/Senior Leader)**

The medicine listed above has been administered as requested as follows:

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| **Date** |  **Time** | **Dosage**  | **Administered by:** |
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| **Date** |  **Time** | **Dosage**  | **Administered by:** |
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