



Lady Manners School

Consent For Administration Of Medicine In School

Please note: All medicines brought into school **must** be in the original container and marked with the child's name.

Name of student

Form

Medical condition

Name of medicine

Quantity given to school

Dosage amount, method, timing

End date of treatment

Other instructions/
precautions

I give consent for (please tick one box only):

- My child to administer the above medicine under the supervision of medical staff
- OR
- Medical staff to administer the above medicine to my child

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 policy. I certify that it is essential for my child to have access to this medicine during the school day and I will inform the school immediately in writing if there is any change to the above instructions.

Signed

(parent / carer)

Date

SCHOOL RESPONSE

Name of student

Form

Name of medicine

Permission granted

Yes No

Special conditions

Noted on CPOMS

Yes No