

**Nettlestone Primary School**  
**Medicine Consent Form**  
Request for medicine to be taken  
administered in school

Child's name \_\_\_\_\_

Child's class \_\_\_\_\_

The above pupil has been diagnosed as suffering from

\_\_\_\_\_ (name of illness)

Considered fit to attend school but requires the following prescribed medication to be self administered under supervision during school hours.

Could you please therefore supervise / administer the following:

Date (s) \_\_\_\_\_

Dosage \_\_\_\_\_ Time \_\_\_\_\_

Name of medicine \_\_\_\_\_

(does this medication need to be kept in the fridge yes / no )

Parent contact details \_\_\_\_\_

\_\_\_\_\_

Doctor contact details \_\_\_\_\_

I undertake to inform the school of any change in medicine and I also understand that I am responsible for replenishing medicines where necessary.

I agree to send into school the required measured dose to be taken on that day.

Parent / Carer signature ..... Date .....