**Appendix 1**

***WATH CENTRAL PRIMARY SCHOOL***

**Medication Consent Form**

I give my permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class ­­­­­­\_\_\_\_\_\_\_\_

to receive

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of medicine) Dosage \_\_\_\_\_\_\_\_

**Prescribed Medication**

This will need to be given \_\_\_\_\_\_\_\_\_\_\_\_\_ time/s a day at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Or

When necessary with reference to Individual Health Care Plan.

Use by date for medicine \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please note:**

Only prescribed medicines will be administered by school staff. Calpol and other non-prescribed

medicines will require a prescription if they are to be administered to children.