

Godstowe

Dispensing Medication

Parental Consent Form

Godstowe can only give your daughter medicine if you complete and sign this form on each occasion that she requires medication.

All medication must be in its **original container** and handed in by an adult to Reception/Sister and subsequently collected by an adult.

Pupil Name: _____

Form: _____

Today's date: _____

Name and strength of medicine: _____

Expiry date: _____

Dose to be given: _____

When to be given: _____

Length of course: _____

Final day of course: _____

Any other instructions: _____

Number of tablets/quantity of medicine given to school: _____

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school staff administering medicine in accordance with the school's policy. I will inform the school immediately if there is any change of dosage or frequency of the medication or if the medication is stopped.

Parent's signature _____

Date: _____

Print name: _____

