

**ST JOSEPH'S CATHOLIC PRIMARY SCHOOL**  
**Gipsy Lane, Bracknell, RG12 9AP**  
**Tel: 01344 425246**



**MEDICATION CONSENT FORM**

**IMPORTANT: The School is not obliged to undertake this duty.**

Please complete in block print throughout.

BATCH/LOT NO:

Child's Name:	Date:	Year:
Parent Name and emergency contact:		
Doctor:	Surgery (incl Tel No):	
Medication:	Storage Requirements:	
Dosage:	Duration of Medication ( e.g. 1 day, 1 week etc)	

**MEDICATION MUST BE CLEARLY MARKED WITH YOUR CHILD'S NAME AND YEAR GROUP**

Special guidance:

Action required if medication/treatment missed:

**PARENT/CARER CONSENT:** Please read and sign

**This task is being undertaken voluntarily. We will make every effort to administer this medication on time and as required. The member of staff in school and undertaking the administration of medication can make no guarantees, and may decline to accept responsibility once they have read these instructions. If so you will be informed immediately.**

**Signature:**

THE SCHOOL HAS RECEIVED THIS MEDICATION CONSENT FORM ON \_\_\_\_\_. (Date)

Signature for receipt: \_\_\_\_\_

**Whenever possible, the school will endeavour to inform parents/carers of expired medication. However, the ultimate responsibility remains with the parents/carers to ensure that all medication held in school is in date and any which has expired is replaced.**

**N.B Paracetamol/Ibuprofen will only be administered up to a maximum of 3 days**