



**Truro and Penwith  
Academy Trust**

**CONSENT TO ADMINISTER MEDICATION**

**The school will NOT give your child medicine unless you complete and sign this form, and the Headteacher has agreed that school staff can administer the medication.**

**PUPIL DETAILS**

First Name ..... Surname .....

Date of Birth ..... Class ..... Male / Female (please circle)

Condition or Illness .....

**MEDICATION DETAILS**

Name/Type of Medication (as described on container) .....

For how long will your child take this medication .....

Date(s) to be dispensed .....

**FULL DIRECTIONS FOR USE**

Dosage and method of administration .....

Time medication to be administered .....

Special Precautions ..... Side Effects .....

Procedures to take in an Emergency .....

**PARENT / GUARDIAN CONTACT DETAILS**

Name ..... Relationship to Pupil .....

Emergency daytime contact number .....

I understand that I must deliver the medicine personally to (agreed member of staff) and accept that this is a service which the school is NOT obliged to undertake.

Signature ..... Date .....

Medicine administered by ..... Time ..... Date .....

Medicine administered by ..... Time ..... Date .....

Medicine administered by ..... Time ..... Date .....

Medicine administered by ..... Time ..... Date .....

Medicine administered by ..... Time ..... Date .....