Brooke Road, Seething, Norwich, Norfolk, NR15 1DJ. Telephone: 01508 550256
Email: office@seething.set.education
Headteacher Iain Hunter

SEETHING & MUNDHAM PRIMARY SCHOOL

CONSENT TO ADMINISTER MEDICINE IN SCHOOL

DATE:			
ABOUT THE PUPIL			
Name of child:			
Date of birth:		Class	
Medical illness/Condition *(Please be as specific as you can)*			

CONTACT DETAILS					
Do you have parental responsibility special or legal guardianship? (please tick)	Yes		No		
Parent / Carer Name:					
Emergency contact numbers for today:					
Email address:					

ABOUT THE MEDICINE **(Unused medicine will need to be collected and returned to you. We will not give pain relief medication for longer than 3 days without a medical prescription or note from your Health Visitor or GP.**						
Name of medicine: *(Medicines must be in their original containers as dispensed by the pharmacy*						
Expiry date:						
Dosage to be given at school:						
Time/s to be given:						
Dates / length of time to be given:						
Refrigeration required?	Yes		No			
Are you giving this medicine at home?	If so, at what times?					
How is this to be given? (Please tick)	Mouth		Eye Drops		Cream	
Can your child self-administer?	Yes		No			
Any medical conditions, allergies or side effects we should know about?						

Declaration. As parent /carer, I request a member of staff administer the above named medicine on the day & date stated on this form to my child and I take full responsibility for this.

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

FOR SCHOOL USE ONLY

Date medicine provided by parent:	

MEDICINE ADMINISTERED:

Date:			
Time given:			
Does given:			
Staff initials:			

Date:			
Time given:			
Does given:			
Staff initials:			

Date:			
Time given:			
Does given:			
Staff initials:			

Date:			
Time given:			
Does given:			
Staff initials:			

Date:			
Time given:			
Does given:			
Staff initials:			