

## Medical Consent Form

**NAME:**

**TUTOR GROUP:**

**DATE OF BIRTH:**

**Medical condition or illness**

**Name/type of medicine**

**NB: We can only accept medicine if it is in-date, labelled and provided in the original container/packaging**

**Dosage:**

**I accept that this is a service that the school is NOT obliged to undertake, I understand that I must notify the school of any changes in writing.**

**I give permission for my child to be given the above medication as stated by authorised members of staff.**

Signature.....

Relationship to child .....

Date.....

## Record of medicine administered to an individual child

Date			
Time given			
Dose given			
Staff			

Date			
Time given			
Dose given			
Staff			

Date			
Time given			
Dose given			
Staff			

Date			
Time given			
Dose given			
Staff			

Date			
Time given			
Dose given			
Staff			

Date			
Time given			
Dose given			
Staff			

Date			
Time given			
Dose given			
Staff			