

Katharine Lady Berkeley's School Wotton-under-Edge Gloucestershire GL12 8RB

Headteacher: Hannah Khan

Tel: +44 1453 842227 | info@klbschool.org.uk

Medical Consent Form

NAME:	TUTOR GROUP:	DATE OF BIRTH:
Medical condition	or illness	
Name/type of med	dicine	
NB: We can only accept container/packaging	medicine if it is in-date, labelled and	provided in the original
Dosage:		
I accept that this is a serve notify the school of any o	vice that the school is NOT obliged to ι changes in writing.	undertake, I understand that I must
I give permission for my staff.	child to be given the above medication	n as stated by authorised members of
Signature		
Relationship to child		
Date		

Record of medicine administered to an individual child

Date					
Time given					
Dose given					
Staff					
!			ļ		
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					