



Medicine Consent Form

Date:

Name:

TG:

DOB:

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

Headteacher: Tim Rand

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KATHARINE LADY BERKELEY'S SCHOOL, WOTTON-UNDER-EDGE, GL12 8RB

Record of medicine administered to an individual child

Date			
Time given			
Dose given			
Staff signature			
Date			
Time given			
Dose given			
Staff signature			
Date			
Time given			
Dose given			
Staff signature			
Date			
Time given			
Dose given			
Staff signature			
Date			
Time given			
Dose given			
Staff signature			
Date			
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Date			
Time given			
Dose given			
Staff signature			

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