James Rennie School
Learning together

Parental Consent Form for School to administer medicines and/or supplements

The school will not give your child medicine unless you complete and sign this form. The Headteacher must also agree to permit and support any school staff who might volunteer to administer the medication with the appropriate training/instruction.

Name of school	**James Rennie School and Sixth Form**
Name of pupil	
Date of birth	
Class	
Medical condition/illness	

Medicine

Name/type of medicine **(including strength)**	**(Medication Name):**	**(Medication Strength):**
Method of giving		
Dosage		
Timing		
For how long will your child take this medication		
Special precautions/other instructions		
Are there any side effects that the school needs to know about?		
Self-administration? Yes or No		
Procedures to take in an emergency		

NB. Medicines must be in original containers as dispensed by the pharmacy with label and delivered personally by Parents / carers or to the passenger assistant on school transport. You must verbally inform transport that medication is being carried.

Consent & Contact details

Name (Print, sign and date)	**(PRINT)**	**(SIGN)**	**(DATE)**
Telephone no.			
Relationship to pupil			
Address			