

**Love
Respect
Shine**

Cheadle Catholic Infant School
Conway Road, Cheadle Hulme,
Stockport, Cheshire, SK8 6DB
0161 485 8733

admin@cheadle-inf.stockport.sch.uk

Headteacher: **Mrs. Pamela Glynn** BA (Hons) QTS NPQH
Deputy Headteacher: **Mrs Claire Lees** B.ED (Hons)

PARENTAL CONSENT FORM FOR ADMINISTRATION OF MEDICATION

This form must be completed in full and signed by the Parent/Carer.

Any child needing medication must have the first dose given by a parent/carer at least ½ an hour before coming to school, this is to reduce the risk of unexpected adverse or allergic reaction to any new medication.

Only one dose of medication can be administered in school each day.

All medicines **must** be stored in the original container (e.g. Calpol) with the box and leaflet enclosed and clearly labelled by the parent.

In the case of prescribed medication, the pharmacy sticker must be clearly visible for staff to read. Any pharmacy label that is obscured in any way may mean that the medication will be returned to you without being administered until a new pharmacy sticker is applied.
In this instance you may come to school to administer the medication yourself.

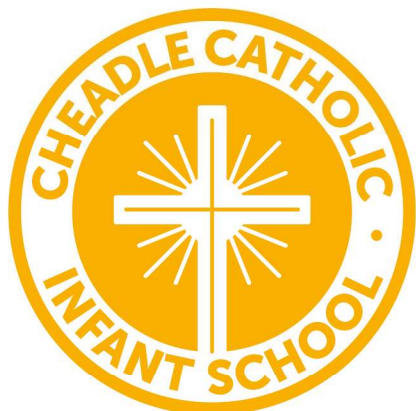
Please Note:

The completion of this form does not guarantee that school staff will administer the medication but if we have any questions we will contact you immediately to discuss the matter.

Thank You

Mrs Glynn
Headteacher





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Name of child:	
Class:	
Date of Birth:	
Medical condition/illness:	
Name of medication on the container:	
Is the medication prescribed:	YES / NO
Dose and method: (e.g. 5mls, before meals, rub onto area)	
Time to be given:	
Expected duration of the course:	
Expiry date on container:	
Any side effects known to you:	
Name of adult completing this form:	
Mobile Phone Number:	
Relationship to child:	
Signed:	
Print Name:	
Today's Date:	
Stored in the fridge:	YES / NO
I have read all the information overleaf Signed:	
Any other information:	

