



CHEADLE CATHOLIC INFANT SCHOOL

Conway Road, Cheadle Hulme, Stockport, Cheshire, SK8 6DB

Tel: 0161 485 8733

Email: headteacher@cheadle-inf.stockport.sch.uk
 Headteacher: Mrs Glynn B.A.C (Hons) QTS

PARENTAL CONSENT FORM FOR ADMINISTRATION OF MEDICINE

This form must be completed in full and signed by the Parent/Carer. Any medication to be administered **must have been previously administered by the parent/carer to minimise the risk of adverse or allergic reaction to any new medication.** All medicines must be stored in the original container and be clearly labelled with the child's name.

NAME OF CHILD	
Date of Birth:	
Class:	
Medical Condition / Illness:	
Name of Medication on the Container:	
Is the medicine prescribed?	Yes / No
Dose and Method: (eg. 5mls, before meals, rub onto affected area)	
What time is it to be given?	
Expected duration of course:	
Expiry Date:	
Are there any side effects known to you?	
EMERGENCY CONTACT INFORMATION	
NAME:	
TELEPHONE NUMBER:	
RELATIONSHIP TO CHILD:	
SIGNED:	
PRINT NAME:	
DATE:	
Is the medication to be stored in the fridge?	Yes / No
Any other information?	

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

