



SOUTH WILTS GRAMMAR SCHOOL

(Form 1)

Parent / Carer Consent for the School to administer medication

The School will not give your child medicine unless you complete and sign this form or have Form 1A completed by your GP.

Details of pupil

Surname _____ Forename(s) _____

Address _____

M / F _____ Date of Birth _____ Form _____

Condition or illness _____

Name / type of medication (as described on container) _____

For how long will your daughter take this medication? _____

Date dispensed _____

Full directions for use

Dosage _____

Timing _____

Special precautions _____

Side effects _____

Self administration _____

Procedures to take in an emergency

Clinic / hospital contact

Name _____ Location _____ Tel no. _____

Contact Details

Name _____ Daytime telephone no _____

Relationship to pupil _____

Address _____

I understand that I must deliver the medicine personally to the following agreed member of staff

_____ and accept that this is a service which the school is not obliged to undertake.

Date _____ Signature(s) _____

Relationship to pupil _____