Paston Ridings Primary School
Paston
Peterborough
PE4 7XG
Phone: 01733 762742
Email: admin@pastonridings.peterborough.sch.uk

Headteacher: Mrs J Cook

Deputy Headteacher: Mrs N Harradine
Assistant Headteacher: Miss G Hayes

PARENTAL CONSENT FOR A CHILD TO RECEIVE MEDICATION IN SCHOOL

NAME OF CHILD		**NAME OF SCHOOL**	
DATE OF BIRTH		**CLASS**	
NAME OF PARENT/CARER		**HOME TEL NO**	
WORK TEL NO		**EMERGENCY CONTACT NO**	
NAME OF GP		**GP TEL NO**	
HOSPITAL CONSULTANT (IF RELEVANT)		**HOSPITAL TEL NO**	

I consent to my child receiving the following medication/undergoing the following procedure in school:

Name and strength of medicine……..

Expiry date……..

Dose to be given……

Time to be given……

Any other instructions……...

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff to administer the medicine as instructed above and in line with the school policy on medications.

I undertake to ensure that the school has adequate supplies of the medication.

I undertake to ensure that the medication supplied by me and prescribed by my child's doctor, is labelled correctly including my child's full name, date of birth, has storage details attached and I will inform the school if there is any change in dosage or frequency in the medication or if the medication is stopped.

Parent/Carer Name……..

Signed…… Date……..