



Consent Form for Non – Prescription (over the counter) Medicines

Darrick Wood School will not give your child medicine, provided by you, unless you complete and sign this form.

Child's Name: Form:

Name and strength of medicine:

Expiry date:

How much to give (i.e. dose to be given):

When to be given:

How often it is to be given:

Any other instructions (e.g. duration of treatment):

.....

.....

Amount of non-prescription medicine given to School (e.g. number of tablets in pack, quantity in bottle)

when handed in:

Note: Medicines must be in the original container

Daytime telephone number of Parent / Carer

Name of child's doctor.....

Telephone number of doctor

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Darrick Wood School staff to administer medicine in accordance with the School's policy. I will inform the School immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is to be stopped.

Parent / Carer signaturePrint Name

Date

If more than one medicine is to be given, a separate form should be completed for each one.