Pear Tree School

Achieving the Best We Can in Everything We Do

Permission to Give/ Consent

Childs Name:	DOB:	Class:
Allergies:		

Medication: Dose, strength, route, frequency and expiry date

Name: Strength of Medication: Dose & Time to be given: Route: Expires:	If this is not a regular medication and is to be administered as and when prescribed, please explain what this medication is for and when you would like school to administer this to your child ....

Medication: Dose, strength, route, frequency and expiry date

Name: Strength of Medication Dose & Time to be given: Route: Expires:	If this is not a regular medication and is to be administered as and when prescribed, please explain what this medication is for and when you would like school to administer this to your child ....

Medication: Dose, strength, route, frequency and expiry date

Name: Strength of Medication: Dose & Time to be given: Route: Expires:	If this is not a regular medication and is to be administered as and when prescribed, please explain what this medication is for and when you would like school to administer this to your child ....

Are the above medications controlled drugs? Yes ☐ No ☐

If so, has the administration of this been agreed with school? Yes ☐ No ☐

The information above is to the best of my knowledge, accurate at the time of writing and I give my consent for education staff to administer the medication in accordance with schools' policies. I will inform school immediately in writing if there is any change in dosage or frequency of a medication and if a medication is stopped.

If an as and when required medication is administered at home before the school day, I understand it is my responsibility to notify staff of the time it was given.

Parent Signature: _____ **Date:** _____