



**NB: Medicines must be in the original container as dispensed by the pharmacy – the only exception to this is insulin, which may be available in an insulin pen or pump rather than its original container.**

**Contact details**

Name:

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Daytime telephone number:

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Relationship to child:

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Address:

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I will personally deliver the  
medicine to:

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The above information is, to the best of my knowledge, accurate at the time of writing and I give consent for school staff to administer medicine in accordance with the relevant policies. 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 stopped.

Signature \_\_\_\_\_

Date \_\_\_\_\_

