



**PEEL PARK PRIMARY SCHOOL
Medication in school permission**

Consent form for the administration of prescribed medication in school, including Pharmacy bought liquid paracetamol for children.

To be completed by the Parent/Carer

Child's name		
Class		
Date of birth		
Address		
Condition/illness		
Name of medication (as detailed on the container)		
Storage	Medical fridge <input type="checkbox"/>	Medical cupboard <input type="checkbox"/>
Does the medication need to be taken home after school	YES / NO	
How long will your child take this medication?		
Can your child administer this themselves?	YES / NO	
What time(s) is the medication needed?		
Side effects we need to be aware of		

CONTACT DETAILS

Name		
Contact number		
Relationship to child		

I understand that I must deliver the medication personally to the office and accept that this is a service which the school is not obliged to undertake.
Signed: Date: