

Blessed Hugh Faringdon Catholic School



Consent to administer medication

Please complete all the details below so that your child may use medication in school.

Name of pupil:

Tutor Group

*Name of medications and frequency / dose:

.....
.....
.....

*these fields must be completed.

NOTE: All medicines must be in the original packaging as dispensed by the pharmacy.

Name of parent / contact to be contacted in the event of an emergency.:

.....

Telephone number for above:

Name and tel. no.of G.P:

.....

Parent / guardian signature:

Print name:

Date:

PLEASE NOTE:

- Any medication brought into school must be handed into the school office at the beginning of the day and must be in original packaging.
- It is the responsibility of the pupil to come to the office when they need to take their medication.