

PAPPLEWICK SCHOOL – CONSENT TO ADMINISTER MEDICATION FOR DAY BOYS AND BOARDERS

Please complete this form if you would like your son to be administered 'over-the-counter' medications or vitamins whilst at school. Parents must complete the form and provide the nurse/matron with the medication in its original packaging so the dosage and instructions can be clearly seen. The medication must also be clearly labelled with the boy's name.

PUPIL DETAILS

FORENAME:	SURNAME:
D.O.B:	YEAR:

MEDICATION, SUPPLEMENT OR VITAMIN 1

NAME OF MEDICATION:	DOSAGE:
WHEN TAKEN:	METHOD:
DATE PROVIDED:	QUANTITY:
EXPIRY DATE:	Notes:

MEDICATION, SUPPLEMENT OR VITAMIN 2

NAME OF MEDICATION:	DOSAGE:
WHEN TAKEN:	METHOD:
DATE PROVIDED:	QUANTITY:
EXPIRY DATE:	Notes:

I HEREBY GIVE MY CONSENT FOR MY SON TO BE ADMINISTERED THE ABOVE LISTED MEDICATIONS BY STAFF WHILST MY SON IS AT SCHOOL.

SIGNATURE:	NAME:	DATE:
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