



Friesland School

Form 2 - Parental Consent for School to Administer Medicine

Friesland School will not give your child medicine unless you complete and sign this form, and has a policy that staff can administer medicine, and staff consent to do this.

Note: Medicines must be in the original container as dispensed by the pharmacy

Childs name

Date of birth

Form Group

Medical condition or illness

Medicine
Name of medicine and strength
(as described on the container)

Expiry date of medicine

Number of tablets / quantity of medicine
given to the School

Date(s) to be dispensed

Dosage and method to be dispensed

Timing – when to be given medicine

Self-administration

Any other instructions / special precautions

Are there any side effects that the
school needs to know about?

Nursery Avenue, Sandiacre, Nottingham, NG10 5AF. Tel: 0115 939 7326 Fax: 0115 949 1730
www.frieslandschool.com Email: enquiries@friesland.derbyshire.sch.uk
Headteacher: Mr P Monk BA(Hons), MA, NPQH





Friesland School

Who to contact in an emergency
Name – First Contact

Daytime telephone number

Relationship to child

Name – Second Contact

Daytime telephone number

Relationship to child

Name and phone number of G.P.

I understand that I must deliver the medicine to the Staff in the Medical Room.

The above information is, to be the best of my knowledge, accurate at the time of writing and I give consent to School Staff administering medicine in accordance with the Schools policy. 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.

I accept that this is a service that the School is not obliged to undertake.
I understand that I must notify the School of any changes in writing.

Parent's signature _____

Print name _____

Date _____

If more than one medicine is to be given a separate form should be completed for each one.

A new consent form must be completed annually or if dose changes

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