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### ADMINISTRATION OF MEDICATION CONSENT FORM

**The school will not give your child medication unless you complete and sign this form.**

**Please note that we will not normally administer a lunchtime dose of medicine if the child only has to take it 3 times a day, unless absolutely unavoidable.**

Name of child		Class	
Parent's mobile number			
Name of medication (as described on container)			
For how long will your child take this medication?			
Dosage			
Method of administration			
Time(s) during school day to be administered (please circle)	Morning Break (10.30) Lunchtime (12.00-1.20) Afternoon Break (2.20)		
Comments			

**I understand that :-**

- The medication will be administered/supervised by an adult.
- This is a service which the school is not obliged to undertake.
- I must inform the school of any change of dose.
- The medication must be in the original container as dispensed by the pharmacy stating the child's name on the pharmacy label.

Name of parent/carer		Relationship to child above	
Signed (parent/carer)		Date	

*Working with the Diocese of Leeds and the Metropolitan Borough of Calderdale*

