

Medical Consent Form

Francis Baily School



This form provides Francis Baily School with Parental/Guardian consent to administer medicine to their child. Please complete and return to the school office.

Patient

Name of Pupil:		Date of Birth:	Class:
Reason for Medication:			
<input type="checkbox"/> Medical Condition	<input type="checkbox"/> Short-term Antibiotics	<input type="checkbox"/> Pain Relief	<input type="checkbox"/> Seasonal Use Inhaler

Medicine

Name of Medicine:	Dosage:	Time of Dose(s):
Start Date:	End Date:	
Special Precautions? <i>Please detail</i>		
Known Side Effects? <i>Please detail</i>		

Contact Details

Name:	Mobile:
Relationship to Pupil:	

Statement

The above information is, to the best of my knowledge, accurate at the time of writing. I give consent to Kennet School staff to administer the above medicine as required. I will inform the school immediately if there are any changes in either dosage or frequency of the medication, or if the medicine is no longer required.

Signed: _____ Parent/Guardian

Date: _____

Print Name: _____