

Appendix 5



Rossall

Broadway, Fleetwood,
Lancashire, FY7 8JW
Tel: 01253 774287
Email: medical@rossall.org.uk

MEDICATION PERMISSION AND CONSENT FORM

PUPIL'S INFORMATION

Name of school:		Date medication provided by parent/guardian:	
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Name of pupil:		Name of medication:	
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Year and House:		Dose of method of administration:	
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Any other information:			
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Time and day to be given:		Expiry date:	
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Medication must be in the correct container and packaging.

Pupil's name and dosage must be clearly written on package or bottle.

School Nurse signature:

Parent's signature

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Print name:

Print name and contact telephone number:

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Time given:

Date given:

Signed by Nurse:

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