

Permission to Give/ Consent



Blackpool Teaching Hospitals
NHS Foundation Trust

<u>Childs Name:</u>	<u>DOB:</u>	<u>Class:</u>
<u>Allergies:</u>		
<u>Medication:</u> Dose, strength, route, frequency and expiry date		
Name:		
Strength of Medication:		
Dose & Time to be given:		
Route:		
Expires:		
<u>Medication:</u> Dose, strength, route, frequency and expiry date		
Name:		
Strength of Medication		
Dose & Time to be given:		
Route:		
Expires:		
<u>Medication:</u> Dose, strength, route, frequency and expiry date		
Name:		
Strength of Medication:		
Dose & Time to be given:		
Route:		
Expires:		

The information above is to the best of my knowledge, accurate at the time of writing and I give my consent for education staff to administer the medication in accordance with schools policies.

I will inform school immediately in writing if there is any change in dosage or frequency of a medication and if a medication is stopped.

If Paracetamol is administered at home before the school day I understand it is my responsibility to notify staff of the time it was given.

Parent Signature: _____

Date: _____