



St. Mary's and St. Peter's Church of England Primary School
Headteacher: John Logan



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ADMINISTRATION OF MEDICATION – FORM OF CONSENT

Child's Name ..... Class .....

Date of Birth ..... Home Tel No. ....

Address .....

Work Tel No. .... Mobile Tel No. ....

GP Name & Tel No. ....

I agree to appropriate members of staff administering prescribed medication to my child as directed below or in case of an emergency.

Signed ..... Date .....

PLEASE NOTE:- It is the parents responsibility to update this form as necessary.

Name of Medication .....

Reason for Medication .....

Dosage .....

Frequency/Time .....

Date of completion or course (if known) .....

Special instructions .....

Any other prescribed medication taken at home .....

Allergies .....

