



St. Mary's and St. Peter's Church of England Primary School
Headteacher: Helen Swain

Somerset Road, Teddington, Middlesex, TW11 8RX.
Telephone: 020 8943 0476
e-mail: info@smsp.richmond.sch.uk



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

