

Lodge Farm Primary School



Medical Consent - FORM 7

Request for child to administer his/her medicine

THIS FORM MUST BE COMPLETED BY PARENTS/GUARDIAN

If staff have any concerns discuss request with school healthcare professionals

Child's Name: _____

Class: _____

Address: _____

Name of Medicine: _____

Dosage, How often to take,
How to be administered _____

Procedures to be taken in an
emergency: _____

Contact Information:

Name: _____

Daytime Phone Number: _____

Relationship to child: _____

Signed:Date:

If more than one medicine is to be given, a separate form should be completed for each one.