



Hollinsclough C of E Academy

General Medication Consent: 2017

Mission Statement

To encourage high levels of achievement through the enthusiasm and joy of learning, coupled with a creative curriculum and a holistic approach to education that reflects Christian values and supports our community. We guarantee accessibility and availability to all.

Developing potential

Dear **Parent / Carer**,

If your child has been medically diagnosed with an illness that is managed with over the counter medication, please complete this form which gives your consent for our staff to oversee (or support) the administering of the medication when / if required.

Medication must be supplied in the original container with manufactures dosage specifications (MDS) clearly visible. These dosage specifications will not be exceeded without a letter/prescription being supplied. This letter must come from the child's GP confirming dosage in excess of MDS. A parents letter will be disregarded if it exceeds MDS without the GP confirmation.

A copy of the GP's letter/prescription to confirm the dosage amount/times will be held on file.

I hereby give my consent for academy staff to give my child treatment as described within MDS/Prescription.

Name of child:

Date of birth:

Name of medication:

The amount and frequency of treatment

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.....

Signed Parent / Carer _____

Print Name _____ Date _____

School Office confirm sight of the prescription and the above dosage requirements

Signed

Print Name Date