



Hollinsclough C of E Academy

Prescribed 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 a medical condition that requires prescription medication, please complete this form which gives your consent for our staff to oversee (or support) the administering of that medication when / if required.

Please provide sight of the prescription to confirm the medical diagnosis and dosage/timings.

I hereby give my consent for academy staff to give my child the prescribed medication I have supplied and provided to me their doctor.

Name of child:

Date of birth:

Name of Medication:

Dosage

The frequency of treatment

If this treatment requires a Care Plan I will arrange for the document will be sent to you once it is confirmed by medical staff.

Signed Parent / Carer _____

Print Name _____ Date _____

School Office confirm sight of the prescription and the above dosage

Signed

Print Name Date