



**ST. ALBAN'S**  
CATHOLIC PRIMARY SCHOOL  
LEAD THE WAY

## St Alban's Catholic Primary School Administration of Medicines Consent Form

*The school will only administer pharmacy labelled prescription medicine in its original container. No medicine will be administered without this consent form.*

Child's Name	
Class	
Medical condition	
Medication	
Expiry date of medicine	
Does the medicine need to	
Dosage and method	
Start date	
When to be given (in the school	
Course finish date	
Any special precautions or	
Emergency contact name and number	

The information provided above is accurate to the best of my knowledge and I agree with members of staff administering medicine to my child in accordance with the school's policy. I recognise that the school staff are not medically trained.

Parent's Signature \_\_\_\_\_ Print Name

Date