Oriel High School
Maidenbower Lane
Maidenbower
Crawley RH10 7XW

Headteacher: Philip Stack BSc MA NPQH
Deputy Headteachers: Helen Everitt BSc NPQH | Tim Matthews BA NPQH

DETAILS OF STUDENT

Name:

Date of birth:

Mentor group:

Medical condition/Illness

PARENTAL CONSENT TO ADMINISTER PRESCRIBED MEDICATION IN SCHOOL

MEDICINE

Name/type of medicine …….

(as described on the container)

Dosage and method ……..

Timing ……..

Expiry date ……...

Special precautions/other instructions …….

Self- administration **YES/NO**

Procedures to take in an emergency…….

NB: medicine MUST be in original container as dispensed by the pharmacy and the manufacturer's instructions and/or patient information leaflet (PIL) must be included.

CONTACT DETAILS

Name ……..
Daytime Telephone Number ……..
Relationship to Student ……

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school staff to administer this medication in accordance with school policy. I confirm that this medication has been administered to my child in the past without adverse effect. I will inform the school immediately if there is any change of dosage frequency or if the medication is stopped.

Signature …….. Date …….