



Marsh Hill, Erdington, Birmingham, B23 7EY

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### MEDICATION CONSENT AND INFORMATION for medication to be given at school

<b>Childs name:</b>	<b>GPs name and address</b>
<b>Class:</b>	
<b>Home Address:</b>	
<b>DOB:</b>	<b>Consultant:</b>

I .....parent / care of the above named child give my consent for the school staff to administer the following medication in accordance with the school medication policy and for this information to be shared with those staff who care for my children and therefore need to know the following.

Medication	Strength	Dose to be given	Time to be given	How to be administered / Any other information

The above information is, to the best of my knowledge, accurate at the time of writing. I understand that I have the responsibility to inform school immediately, **in writing**, if there is any change in the dosage or frequency and the provide the correct medication to school

Name of Parent / Carer.....

Date.....

Signature of parent Carer.....



Birmingham Special Schools' Co-operative Trust

