



To be completed by the parent/guardian. If more than one medicine is to be given, a **separate form** should be completed for **each**.

DECLARATION I request that this medication be given, in accordance with the above information by the School Nurse or a responsible member of the school staff (who has received any necessary training). I understand that it may be necessary for this treatment to be carried out during educational visits and other out of school activities, as well as on the school premises.

I accept that whilst my child is in the care of the school, the school staff stand in the position of the parent, and that the school staff may, therefore, need to arrange any medical aid considered necessary in an emergency, but I will be told any such action as soon as possible.

Telephone number of parent or adult to contact: _____

Name of Doctor: _____ **Tel No:** _____

To be completed by the School Nurse or other trained member of staff.

[illegible]