



# Talbot House Preparatory School

Member of the Broadway Education Group

## Permission to Dispense Medication (Parental Consent for Individual Items)

If your child needs to take medication during school time, this form should be completed, signed by you, and sent in with your child's medicine. It is essential that the school has the correct information and without a signed form or letter relating to the above, the school cannot administer medication

**Name of pupil:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_

**Current year group:** \_\_\_\_\_

**Medical condition for which medicine is being administered:** \_\_\_\_\_

**Name of medication:** \_\_\_\_\_

**Dosage (amount and timing intervals):** \_\_\_\_\_

**Exact time to be given (please be specific, not just "lunchtime")**

**Is the above-named medication required for more than one day?**

YES/NO

I hereby give my consent for a member of Talbot House staff to administer the above medication to my child in the amount and at the time stated.

Parent **signature:** \_\_\_\_\_ Parent **name:** \_\_\_\_\_

**Date:** \_\_\_\_\_