

MEDICAL CONSENT FORM



Name of child:				
Class:			Date:	
Name of medication:				
Medication to be administered by child/staff:				
Dates & times medication is to be administered:				
Day 1 date:	Day 2 date:	Day 3 date:	Day 4 date:	Day 5 date:
Time1:	Time1:	Time1:	Time1:	Time1:
Time2:	Time2:	Time2:	Time2:	Time2:
Time 3:	Time 3:	Time 3:	Time 3:	Time 3:
Parent Signature:				

For Office Use Only - Record of medication administration:

Day 1:			
Date:			
Time given:			
Staff Name:			
Day 2:			
Date:			
Time given:			
Staff Name:			
Day 3:			
Date:			
Time given:			
Staff Name:			
Day 4:			
Date:			
Time given:			
Staff Name:			
Day 5:			
Date:			
Time given:			
Staff Name:			

Please note that short-term illness can only be administered for a week a new form should be completed and emailed to office@al-noorprimary.co.uk if medical consent is required for a longer time.