



Engaging minds. Nurturing success. Inspiring futures.

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## MEDICAL ADMINISTRATION CONSENT FORM

We are unable to administer medication unless consent is given through completion of this form.

Name of child	
Date of birth	/ /
Class	
Medical condition or illness	

### Medicine

Name/type of medicine <i>(as described on the container)</i>	
Date dispensed	/ /
Expiry date	/ /
Dosage and method	
Timing	
Special precautions	
Are there any side effects that the school needs to know about?	
Self administration	Yes/No
Procedures to take in an emergency	

### Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	<b>School Office</b>

I accept that this is a service the school is not obliged to undertake.

I understand that I must notify the school of any changes in writing.

Date \_\_\_\_\_ Signature(s) \_\_\_\_\_

