



King Solomon High School

Administration of Medicines (Consent Form)

Child name:

Class:

Date:

In this case the school has (exceptionally) accepted a responsibility to administer the drugs on the parent's or guardians' behalf and undertakes to take all reasonable precaution to do so safely, or consent of the persons named below:

I understand that school staff is administering a medicine on my behalf. I have given clear instructions to the school in writing and fully accept all responsibility for the safety of these medicines for my child. .

I understand that if the drugs cause any problems for my child the school cannot be held responsible.

Parent's or Guardian's signature

.....

Date

Name of Medication to be given

(Please print)

Dosage:.....

Signed: Date:

Honorary Life President : Lord Alan Sugar

Forest Road, Barkingside, Iford, Essex, IG6 3HB Tel: 020 8498 1300 Fax: 020 8498 1333 Email: info@kshsonline.uk www.kshsonline.uk

A company limited by guarantee, Company no. 2784298. A registered charity,