

Westleigh Methodist Primary School

Parental consent for medication to be administered during the school day.

I have requested that the medication named below is given to my child at lunchtime. I accept full responsibility for this.

Name of child _____

Name of medication _____

Dosage _____

Signed (Parent/Carer) _____ Date _____

I accept that this is a voluntary service provided by the school and that they have no legal or contractual duty to administer the medication.

