

CULVERHILL SCHOOL "Inspire, Nurture, Thrive" (Specialist SEND College – Communication and Interaction)



Headteacher Mr C Walker

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Consent to give Medication in Sc	:hool	
Pupils Full Name:	Date of Birth:	
Home telephone number:	Allerg	ies:
Contact details of parent / care	<u>r.</u>	
Name:	Relationship to Pupil:	
Daytime telephone numbers:		
Address:		
Medicines to be given in School- Name of Medicine (This MUST be as		
Strength of medicine (e.g. 500mg)	Form of medic	cine (e.g. tablet / liquid)
Dose in mg of Medicine Method of administration (e.g. oral)		
Expiry Date: The expir packaging. Expiry dates must match. I that match medication CANNOT be g	ry date must be clearly If medication is sent in	visible on the blister pack and the without expiry date and /or dates
Time to be given: Pleas medications as close to requested time occasionally due to other commitment Medicine is long term / short term (p. If short term when does course end?	ne as possible. Staff pr ts there may be a slight lease delete as appropr	rovide this service voluntarily and tolerand
Special instructions (e.g. with water of first or does it need to be stored in t	or after food or does m	edicine need crushing or dissolving
Declaration below to be completed by I give my consent to a member of stathe above medication on my behalf du	ff who has received th	
Signature:	Print Name:	Date
If your child vomits or spits out medi	CONTROL COME POR CONTROL OF AN ACCOUNT OF A CONTROL OF A	(See New S1550 co.)
be informed. If your child shows signs	s of an adverse reactio	n you will be informed.









