



Medication: Parental Consent form

Turner Free School cannot give your child medicine unless you complete and sign this form.

If more than one medicine is to be given, a separate form should be completed for each one.

SCHOLAR DETAILS

Scholar's name	
Date of birth	
House and Year Group	
Medical condition or illness	

MEDICINE

The medicine must be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration and dosage.

Name/type of medicine	
Dosage – how much medicine/how many tablets should be taken	
Timing (when to be given)	
Any other instructions (include details for inhalers, if any) and any particular circumstances requiring medication (eg asthma)	
Are there any side effects that Turner Free School needs to know about?	

PARENT/CARER CONTACT DETAILS AND CONSENT

Full name	
Relationship to scholar	
Telephone number	
<i>Please sign to give your consent to the following:</i>	Signature:
I request that the above medication be given in accordance with the corresponding information, by a responsible member of TFS Faculty who has received any necessary training. I understand that it may be necessary for this treatment to be carried out during educational visits and other out of school activities, as well as on the school premises. I accept that whilst my child is in the care of TFS, a TFS faculty member stands in the position of parent and that any medical aid considered necessary in an emergency will be arranged.	