

Hampton Vale Primary Academy
West Lake Avenue
Hampton Vale
Peterborough
PE7 8LS
Tel: 01733 247000

**Hampton Vale
Primary Academy**

Email: office@hvp.org.uk
Headteacher: Miss Paula Page

PARENTAL CONSENT FOR A CHILD TO RECEIVE MEDICATION IN SCHOOL

I (parent/carer)

of in
(Child's Name) (Class)

give my permission for my child to be given the following medication:

Name of medication

Dosage

Any other instructions

Reason for medication

Time/s to be given

Name of Doctor

I undertake to ensure that the school has adequate supplies of the medication equipment.

I undertake to ensure that the medication equipment supplied by me and prescribed by my child's doctor is correctly labeled, in date with storage details attached and that the school will be informed of any changes.

I understand that the medication/procedures will be carried out by a member of staff who has received the appropriate training in accordance with the 'Local Health Authority Code of Practice'.

I understand that this will be reviewed annually.

Parent/Carer Signature Date



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DATE DD/MM/YY	TIME	DOSAGE	ADMINISTERED BY	WITNESSED BY



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