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**Hampton Vale  
Primary Academy**

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

**TEMPORARY MEDICATION**  
**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 .....

Start Date .....

End Date .....

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'.

Parent/Carer Signature ..... Date .....



