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

## TEMPORARY MEDICATION PARENTAL CONSENT FOR A CHILD TO RECEIVE MEDICATION IN SCHOOL

I ...... (parent/carer)

of(Child's Name)	in (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 ......



Hampton Vale Primary Academy is a school within the Four Cs Multi-Academy Trust (MAT) Four Cs MAT is a company limited by guarantee, registered in England with company number 7333133, exempt from using the word 'Limited'. Registered office: Helpston Road, Glinton, Peterborough, PE6 7JX

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



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