

# **Upton Meadows Primary School Medical Consent Form**

Administration of prescribed medication in school

Name of Child.....

Name of  
Medication.....

Dosage.....

To be given at.....

How long will your child need to take this  
medication.....

Any other relevant  
information.....

I agree to a member of staff administering  
medication to my child as detailed above.

Signed.....

Date.....