



THE BRAKENHALE SCHOOL

High Expectations and Challenge for All

Medication Consent

This form must be completed by Parents/Carers

Student name:

Tutor group:

Date of birth:

Address:

Postcode:

Medication	Instructions

Contact information in emergency

Name:

Contact no.:

Relationship to student:

- I understand I must deliver the medication personally to the school medical team, and that signing this form authorises the school to administer medication as prescribed.
- I accept this is a service that the school offer, and are not obliged to undertake.
- I understand I must notify the school of any change in writing

Signature:

Date:

Parent/Carer

This form must be signed before any medication is administered