



THE BRAKENHALE SCHOOL

High Expectations and Challenge for All

Medication Consent Form

Parents/Carers must complete this form

Student name:

Tutor group:

Date of birth:

Address:

Postcode:

Medication Name	Instructions & Reason for Medication	Start Date	End Date

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 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

Please note that all medication will be disposed of at the end of the academic school year unless collected by parents/carers.