



Part 1:
Parental Consent for administering medication.

I give my permission for the staff at Date Valley School to administer the following medication to my child.....(Name)	
Name of medication:	
Expiry date of medication:	
Reason medication required:	
Time medication required:	
Dose of Medication required:	
Time period medication required for: (e.g. two days)	
Additional notes: (e.g. Storage or returning medicine)	
Parent signature:	
Staff Signature: (Check details are correct on this form prior to signing)	
Date:	

Please fold after completion to ensure confidentiality.

Jazak Allah Khairun



Part 2 of: Parental Consent for administering medication.

Supplementary form for children with allergies / medical conditions requiring specific treatment.

Child's Name:			
Medical condition/ Allergy to:			
Minor symptoms displayed:		Treatment / Medicine required:	
Major symptoms displayed:		Treatment / Medicine required:	
Any other instructions:			
Parent signature:			
Date:			

Please note: The school does not take any responsibility for side effects suffered as a result of administering the treatment as instructed above.