



BUN SGOIL LIONAIL

Parental Consent – For Administering Medicine to Pupils

To allow the school to give a child medicine written parental consent is requested. Please therefore complete the form below.

DETAILS OF PUPIL

Surname		Forename	
Address			
Date of Birth		M <input type="checkbox"/> F <input type="checkbox"/>	Class
Condition or Illness			

MEDICATION – Name/Type of Medication (as described on the container)	
For how long will your child take this medication?	
Date Dispensed	
Full Directions for Use	
Dosage and Method	
Timing	

I understand that I must deliver the medicine to the School Office and accept that this is a service which the school is not obliged to undertake.

Signature	
Date	
Relationship to Pupil	