



All Saints Church of England Primary School

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Chair of Governors: Gavin Brown

Headteacher: Andy Mawdsley

Deputy Headteacher: Tom Coleman

General Care Plan/ Parent/Carer CONSENT FORM

To: Headteacher at All Saints C of E Primary School

From: Parent/Guardian of.....Full Name of Child DOB:

My child has been diagnosed as having:(name of condition)

He/she has been considered fit for school but requires the following prescribed medicine to be administered during school hours:

.....(name of medication)

I consent/do not consent for my child to carry out self-administration (delete as appropriate)

Could you please therefore administer the medication as indicated above

.....(dosage) at.....(timed).....(intervals) Strength of medication:

With effect from.....until advised otherwise.

The medicine should be administered by mouth/in the ear/nasally/other.....

I undertake to update the school with any changes in medication routine use or dosage.

I undertake to maintain an in date supply of the prescribed medication.

I understand that the school cannot undertake to monitor the use of self-administered medication carried by the child and that the school is not responsible for any loss of/or damage to any medication.

I understand that it will be stored by the School and administered by staff with the exception of emergency medication which will be near the child at all times

I understand that staff will be acting in the best interests of my child whilst administering medicines to children.

Signed:.....Date:.....

Name of parent/carers (please print).....

Contact telephone number



All Saints CE Primary School, Ashby Road, Coalville, Leics, LE67 3LB

