



# Medical Centre



Rossall School  
Broadway Fleetwood  
Lancashire FY7 8JW  
England  
Tel: 01253 774287

**Rossall School Nurses:**

*Karen Pook*

*Lyn Kane*

Medication permission and consent form

Pupil's Information

Name of School

Date medication provided by parent/guardian

Name of Pupil

Name of Medication

Year/house

Dose and method of administration

Any other information

Time of day to be given

Expiry Date

Medication must be in the correct container and packaging.

Pupil's name and dosage must be clearly written on package or bottle

**I give permission for medicines to be given and emergency treatment administered to my child if necessary**

School Nurse Signature

Parent's signature

Print Name

Print Name and contact telephone number

Time given

Date Given

signed by Nurse