



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

Nursery and Infants

TEL: 01253 774228

Name of Pupil

Date of Birth

Group

He/she is considered fit for school but requires the following medicine to be administered during the school day

Date medication provided by parent/guardian

Name of Medication

Expiry Date

Dose and method of administration

Time of day to be given

Any other information /Medical Condition

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 Staff Signature

Parent's signature

Print Name

Print Name and contact telephone number

Time given

Date given

Signed by member of staff administering medication