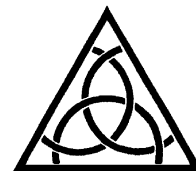




Trinity Christian School



Birbeck Street, Stalybridge, Cheshire SK15 1SH

Telephone: 0161 303 0674

Website: www.trinityschool.org.uk

E-mail: office@trinityschool.org.uk

"Bringing the love of God into the classroom"

PUPIL MEDICATION CONSENT FORM – FOR PARENTS TO COMPLETE

| | |
|---|---|
| Medication to be administered in school time with parent's permission. | |
| Pupil's Name: | |
| Year Group: | Date Commenced: |
| Medication Details | Name of medication (inc. dosage & exp. date): Dose required (i.e. how many spoons/tablets etc): How often/Time/s: |
| Reason for medication (please list all as necessary if not one specific issue) and any special instructions from parent. | |
| SIGNED BY: _____ PRINT NAME: _____ | |