



HARRODIAN

Medical Administration Consent Form

Name of Pupil	
Date of Birth	
Form	
Medical Condition or Illness	
Name/Type of Medicine (as described on the container)	
Expiry Date	
Dosage and Method	
Times and Dates of administration	
Who is to administer the Medication	
Contact Details	
Relationship to Pupil	

I understand that I must notify the School Nurse of any changes in writing.

SIGNATURE _____

DATE _____