



## Consent to Dispense Medicines

I \_\_\_\_\_ request my son/daughter \_\_\_\_\_  
(Parent/guardian)  
to be given \_\_\_\_\_  
(Name of Medication)  
at \_\_\_\_\_ in doses of \_\_\_\_\_  
(times) (ml or tablets)  
for the medical condition \_\_\_\_\_

I can be contacted in an emergency at \_\_\_\_\_

In an emergency requiring medical attention where I cannot be contacted, I  
authorise the school to contact

Doctor \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

Telephone number \_\_\_\_\_

and/ or to convey my child to the local hospital by appropriate transport which may  
be an ambulance.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Guardian)