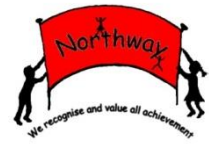


**NORTHWAY SCHOOL**  
**MEDICATION CONSENT FORM**



<b>Child's full name</b>	
<b>Class</b>	
<b>Name, strength and amount of medicine supplied</b>	<b>Please note medicines must be supplied in the original container, as dispensed by a pharmacist, and include the child's name and prescriber's instructions for administration.</b>
<b>Type (Circle applicable type)</b>	Liquid    Tablets    Ointment    Cream    Inhaler
<b>Expiry Date</b>	
<b><u>How much</u> to be given and <u>when</u></b>	
<b>Length of time for medicine to be given</b>	(If need for medicine is on-going review on .....)
<b>Any other instructions</b>	

**Telephone number of parent / carer**.....

**Name, phone number / clinic of GP**.....

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering the medication in accordance with school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medication is stopped.

**Parent / Carer's signature**.....**Date**.....

**Print Name**.....

If more than one medication is to be given a separate form should be completed for each.

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