

## Parental Consent Form for Administration of Medicine

This form must be completed in full and signed.

I accept that this is a service that the School is not obliged to undertake.

All medication must be stored in their original container and be clearly labelled with the child's name.

Please refer to the School policy CFBL Administration of Medication Policy for further information.

Name of School:	Collège Français Bilingue de Londres
Name of Child:	
Date of Birth:	
Class:	
Medical condition/Illness:	
<b>Medicine</b>	
Name of Medicine: (as described on container)	
Date dispensed:	
Expiry date:	
Is the medicine to be self-administered?	
Will the student keep the medicine with them?	
Dosage and method:	
Timing(s):	
Duration of course:	
Special precaution:	
Are there any side effects that you know of?	
Procedure to take in an emergency:	
<b>Emergency contact</b>	
Name:	
Daytime telephone number:	
Relationship to child:	
Print name:	
Signature	
Date:	

### Record of Administered Medication

[illegible]