

# HEMLINGTON HALL ACADEMY



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### MEDICAL PARENTAL CONSENT FORM

Pupil Name:.....Class:.....

VALID FROM DATE:..... EXPIRY DATE:.....  
(2 weeks from start date)

I hereby declare that my child  
has.....  
(Please state 'Medical Condition')

My child is at present  
taking.....  
(Please state 'Medication Name')

The medication is needed  
at.....  
(Time)

The dosage and will be given  
by.....  
(Member of Staff)

- I agree to update the school on any change of medication within the 2 week period.
- I will ensure the medication is within use-by date.
- I accept full responsibility for the collection and disposal of medicines appropriately. This is not the responsibility of the school.

Parent / Carer  
Name:.....Signed:.....(Parent/Carer)

.....

**For Office Use:**

**Child's Name:**

DATE	TIME	MEDICATION	BY WHOM	SIGNED
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