



St Joseph's Catholic Voluntary Academy

"Believe, Achieve, Succeed"

Under Saint Joseph's guardianship and protection, we will be supported to achieve and succeed in the things the Lord wants us to do.

Coventry Road,
Market Harborough
Leicestershire, LE16 9BZ

Tel: 01858 465 359

office@stjosephs.leics.sch.uk

www.stjosephs.leics.sch.uk

Headteacher: Mrs B Dabbs

Ongoing Medication – Annual Parental Consent Form

(For long-term / regularly administered medication)

Name of School:

Child's Name:

Date of Birth:

Class:

Medication Details

(Please complete fully. A new form is required if medication, dosage, or frequency changes.)

- **Name of Medication:**
- **Strength / Dose:**
- **How often it needs to be administered in school:**
- **Reason for medication / medical condition:**
- **Expiry date on medication:**
- **Any special instructions (e.g. before food, with water etc)**

Parent / Carer Consent (Valid for the Academic Year)

I give consent for staff at **St Joseph's CVA** to administer the above medication to my child as detailed in this form.

I understand that:

- This consent will remain valid for the **current academic year only**, unless I withdraw it sooner.
- It is **my responsibility** to inform the school **immediately** of any changes to my child's medication, dosage, frequency, or medical condition.
- I will provide medication that is **in date, labelled** with my child's name, and in its original packaging.
- The school will keep an **internal record/log** each time medication is administered, which I may request to view.
- I understand that this form removes the need for me to sign each new administration sheet unless the medication or details change.

Parent/Carer Name:

Signature:

Date:

Contact Number:

School Use Only



St Joseph's Catholic Voluntary Academy

"Believe, Achieve, Succeed"

Under Saint Joseph's guardianship and protection, we will be supported to achieve and succeed in the things the Lord wants us to do.

Coventry Road,
Market Harborough
Leicestershire, LE16 9BZ
Tel: 01858 465 359
office@stjosephs.leics.sch.uk
www.stjosephs.leics.sch.uk
Headteacher: Mrs B Dabbs

- Medication checked and received by: _____
- Date received: _____
- Storage location: _____
- Notes: _____