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Tuesday 10<sup>th</sup> June 2025

## Medication for Residentials

Dear Parent/Carer,

If your child requires medication while on residential, please complete a medication consent form (see attached). These can be found on our website <https://www.greenside-sch.org/health/> or can be collected from the school office. If you would like us to send a copy home with your child please email [admin.info@greenside-sch.org](mailto:admin.info@greenside-sch.org).

### **Please complete one form per medication.**

All medication must be in date and in its original packaging.

If medication is bought over-the-counter, please ensure it is clearly labelled with your child's name. If medication is prescribed by the doctor, please ensure it is clearly labelled with the pharmacy label, which includes your child's name and dose of medication.

Where possible, please can all forms be completed and returned to the school office (either via email or paper copy) **by the end of the day Wednesday 11th June 2025.**

Medication can be sent with the consent form or signed in on Monday morning, before the children depart.

Yours faithfully,

Mrs Knowles  
Office Administrator





### Medication Consent Form

Medication should only be administered during school hours when it is necessary and the medication cannot be given before/after school.

Pupil's Full Name:
Date of Birth:

Name/strength of medication:
Dose (e.g. 5ml):
Frequency (e.g. four times a day):
Route (e.g. mouth, ear):
Reason for medication:
Start date of medication:
Time to be taken in school:

I consent for a member of staff to administer my child's medication. Yes <input type="radio"/> No <input type="radio"/>
I will drop my child's medication at the school office each morning and collect at the end of the school day. Yes <input type="radio"/> No <input type="radio"/>
I will provide medication to be stored and kept at school. Yes <input type="radio"/> No <input type="radio"/>

Name of parent/carer:
Relationship to child:
Emergency contact number:
Signed:
Date:

Name of staff:
Signed:
Date: