

School staff will not give your child medicine unless you complete and sign this form. The school has a policy that the staff can administer prescribed medicines.

Child's name:		DOB:
Medical condition/illness:		Class/form:
Name/type of medicine (as described on the container): NB: Medicines must be in the original container as dispensed by the pharmacy	Storage Instructions (please delete where appropriate): FRIDGE / CUPBOARD	
Expiry date:		
Dosage and method:		
Times of day medicine is to be administered:		
Date and time the most recent dose was given (school should not give the first dose of a medicine):		
Special precautions/instructions:		
Are there any side effects that the school needs to know about?		
Procedures to take in an emergency:		

- The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy and the prescriber's instructions.
- I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.
- I understand that, where medicine is not self- administered, it will be given by non-medically qualified staff.
- I agree not to hold staff responsible for loss, damage or injury when undertaking agreed administration/supervision of medication unless resulting from their negligence
- I will abide by the schools policy and procedure for the delivery and return of medication
- I will ensure adequate supply of in date medication

Name:
Parent/Carer

Signed: **Date:**
Parent/Carer

Relationship to child:

SCHOOL CONSENT:

- The school agree to administer the above as requested
- Staff administering medication or supervising the administration of medication have received any necessary training
- Staff are insured to undertake the above

Name:
Headteacher/designated person

Signed: **Date:**

NB : If more than 1 medication is to be administered then a separate form should be used for each one.

This form should be used in conjunction with Appendix 3 ~ Administration of Medication Record