

Parental/Carer consent to administer medication

(where an Individual Health Care Plan is not required)

The school will not give the student medication unless you complete and sign this form. All medication will be stored in the First Aid Room. It is the student's responsibility to attend at the correct times for their medication.

Name of child

Date of birth

Medical condition or illness

Medicine

Name/type of medicine
(as described on the container)

Expiry date

Dosage and method

Timings of medication

Are there any side effects that the School needs to know about?

Self-administration –

Yes

No

*Where possible, students should self-administer medication

NB: Medicines must be in the original container as dispensed by the pharmacy, expiry date visible and the manufacturer's instructions and/or Patient Information Leaflet (PIL) must be included.

Contact Details

Parent/Carer Name

Daytime telephone No.

Relationship to child

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. I confirm that this medication has been administered to my child in the past without adverse effect. I will inform the school immediately if there is any change in dosage or frequency of the medication or if the medicine is stopped.

.....
Signature(s)

.....
Date