

# **PARENTAL CONSENT**

## **ADMINISTRATION OF MEDICINES IN SCHOOL**

TO BE COMPLETED BY THE PARENT / CARER OF ANY CHILD REQUESTING MEDICINE BE ADMINISTERED UNDER THE SUPERVISION OF SCHOOL STAFF. THE SCHOOL WILL NOT GIVE YOUR CHILD MEDICINE UNLESS YOU COMPLETE AND SIGN THIS FORM.

If you need help to complete this form, please contact the school.

Please complete in BLOCK LETTERS.

**Note: Medicines must be in the original container as dispensed by the pharmacy. If more than one form of medication is to be given, a separate form should be completed for each.**

Name of Child:

Date of Birth:

Class:

Doctor's Name:

Medical Condition /  
Illness:

### **PRESCRIBED MEDICINE**

My child requires the following non-prescribed medicine:-

Name of Medicine:   
(as described on container)

Strength of Medicine:   
(as described on container)

When To Be Given:   
(eg. lunchtime, after food, when wheezy)

How Much (Dosage):   
(eg. 5ml, 1 tablet, 2 drops, 2 puffs)

Route:   
(eg. By mouth, in ear)

Side Effects:   
(eg. dizziness, drowsiness)

Special Instructions:   
(eg. Store in fridge)

The above information is, to the best of my knowledge, accurate and I give consent to school staff administering medicine in accordance with the school policy. 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 accept that this is a service that the school is not obliged to undertake.

Parent / Carer Signature:

Date:

# RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL CHILD

(For school use only)

TO BE COMPLETED BY THE MEMBER OF STAFF ADMINISTERING MEDICINE.

Name of Child:

Date:

Time Given:

Dose Given:

Staff Member Name:

Staff Member Signature:

Date:

Time Given:

Dose Given:

Staff Member Name:

Staff Member Signature:

Date:

Time Given:

Dose Given:

Staff Member Name:

Staff Member Signature:

Date:

Time Given:

Dose Given:

Staff Member Name:

Staff Member Signature:

Date:

Time Given:

Dose Given:

Staff Member Name:

Staff Member Signature: