FOUR MARKS CE PRIMARY SCHOOL

PARENTAL CONSENT FOR ADMINISRATION OF MEDICINES

Appendix E

Medicine should normally be given at home (eg before coming to school, at the end of school and before bed time) except in exceptional circumstances when parents/ carers may complete this form to request that medicine be administered under the supervision of school staff or where a child is bringing medicine into school which they will self-administer. By completing this form you are agreeing that school staff are competent to administer the medicine below.

The school will not give your child medicine unless you complete and sign this form.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine *(as described on the container)*	
Expiry date	
Dosage and method (e.g.by mouth or in each eye)	
Storage	
Timing (eg, after food, when wheezy)	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
What is the last date and time this will need to be given?	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

◯ Tick if this is a medicine prescribed by the GP

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
Signature of parent/carer	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy and I agree that school staff are competent to administer the medicine shown above. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.