



Parental Consent Form for Administration of Medicines in School

To be completed by the parent/guardian of any student to whom drugs may be administered under the supervision of school staff

If you need help to complete this form, please contact the School or the Health Visitor attached to your doctor's surgery.

Please complete in block letters

Name of student:

Date of Birth:

Address:

Medical Diagnosis/Condition:.....

Any known allergies:

Date:

Class:

Prescribers Name (for prescribed medication):

Prescribers Telephone Number:

The **Doctor has prescribed** (as follows) for my child: tick if yes

OR

I have **over the counter** medication (as follows) for my child: tick if yes

Name of medication and strength:	
Reason for administering medicine:	
Time for administration at school:	
Dose to be given:	

Please include any other information that you think is relevant for school staff to be aware of (i.e. how your child specifically likes to take their medication)

.....

.....

A separate form must be completed for each medicine.

I accept that I (or the escort or driver who I will instruct) **must deliver the medicine personally to the class staff**. The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school staff administering medicine in accordance with their 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 understand that it may be necessary for this treatment to be carried out during educational visits and other out of school activities, as well as on the school premises.

I undertake to supply the school with medicines in the original labelled containers which (for prescribed medicines) includes the pharmacy dispensing label.

I accept that whilst my child is in the care of the school, the school staff may need to arrange any medical aid considered necessary in an emergency, but I will be told of any such action as soon as possible.

Signed: (Parent / Carer)	
Print Name	
Date:	
Signed by Assistant Headteacher:	
Date:	