

Building Community, Inspiring Learning Executive Headteacher – Mr Sean McKeown

ADMINISTRATION OF MEDICATION IN SCHOOL

PARENTAL / GUARDIAN CONSENT FORM - STRICTLY CONFIDENTIAL

The school will not administer to your child any medication unless this form is fully completed by someone with parental responsibility. The school will only administer medication that is sent in by the parent / guardian, which is in its original box / container as dispensed by the pharmacy.

Name of child	
Date of birth	
Tutor Group	
Medical condition or illness	
Medicine	
Name of medicine (as described on the container)	
Expiry date	
Dose to be administered	
Time	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Is your child able to self administer?	
How long will your child take this medication for	
Contact Details	
Name	
Daytime telephone no.	
Relationship to child	
Address	

I understand that I must deliver the medicine personally to the adult bringing my child to school and they will hand it in to a member of school staff. I accept the school are under no obligation to undertake this task. I understand that the School staff will only be able to administer the medication for the medical condition stated above. 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 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. Signature(s) Date ONLY TO BE COMPLETED BY PARENTS / CARERS OF PUPILS WITH ASTHMA I give consent for the school's emergency salbutamol inhaler to be used for my child if having an asthma attack if their own inhaler is missing or not working Signature Date