

Parental Consent Form

To be completed by the parent/guardian of any child/young person to whom medicines may be administered under the supervision of school/setting staff. The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

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

Please complete in block letters

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/form, strength of medicine
(as described on the container)

Expiry date

Dosage, frequency and method

Timing

Special precautions/other
instructions

Are there any side effects that the
school/setting needs to know
about?

Self-administration - y/n

Procedures to take in an emergency

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

Contact Details

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to

School Office

A separate form must be completed for each medicine.

I accept that I must deliver the medicine personally to the School Office. The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school/setting/early year's setting staff administering medicine in accordance with their policy. 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.

I understand that it may be necessary for this treatment to be carried out during educational visits and other out of school/setting activities, as well as on the school/setting premises.

I undertake to supply the school/setting with the medicines in appropriately labelled containers.

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

Signature(s) _____

Date _____

SLT _____

Date _____

Above medication has been returned to parent/carers:

Parent/carers signature: _____

Date: _____