MEDICATION CONSENT FORM

PUPILS DETAILS

Name: ……..…….....

Date of Birth: ..... Class: …….....

Names of Parents/Carers: …….....

Home Telephone Number: …….....

Work telephone number: ..... Mobile: .....

I consent to my child receiving the following medicine in school

Medicine: ..... Dose: ..... Time.....

Starting on ..... Finishing on .....

For the following condition …….....

Special Instructions….....

I undertake to ensure that the school has adequate supplies of this/these medicine(s) and ensure that this/medication(s) supplied by me, and prescribed by my child's doctor is/are correctly labelled, in date, with storage details attached and that the school will be informed of any changes. In the case of 'over the counter' medication, I will label the container with name, date, and signature.

I understand that the medication will be given by a nominated member of staff who is first aid trained.

Signed ……..…..... Date …….....

For office use only:

Date	Time Given	Dosage	Person Administering Medication	Comments

MEDICATION

Should your child require medication during school time you will need to complete a **Medication Consent Form.**
This allows our first aid trained staff to administer the medication exactly as needed.
Please be aware that all medication supplied must be correctly labelled, in date and with storage details attached; this will be on the sticker, attached to the packaging.

If there is any unclear information you will be contacted by the school before medication is administered.

This is not the same as an **Inhaler Medication Form** which are available from the school office on request.

You may use the form printed on the back of this page if needed or spares are available from the main school office.