PARENTAL CONSENT
ADMINISTRATION OF MEDICINE IN SCHOOL

TO BE COMPLETED BY THE PARENT/GUARDIAN OF ANY CHILD REQUESTING THAT DRUGS ADMINISTERED UNDER THE SUPERVISION OF SCHOOL STAFF OR WHERE A CHILD IS BRINGING MEDICINE INTO SCHOOL WHICH THEY WILL SELF-ADMINISTER.

Name of Child:..... Date of Birth .....

Address:.....

.....

Class/Tutor:.....

Doctors Name: .....

MEDICINE DETAIL

My child requires the following medicine:

1. Name of Medicine .....

   ☐ This medicine is prescribed by the doctor

   ☐ This medicine is non-prescription

2. Start date for course of medicine .....

3. End date for course of medicine .....

4. Amount/Dose (2.5ml, 5ml, 1 tablet etc) .....

5. Time to administer: .....

6. Route (by mouth, apply cream etc) .....

7. Storage instructions (in fridge): .....

8. Any other instructions .....

.....

.....

My child (insert name) .....

Please tick

☐ can administer their own medicine

☐ requires assistance in administering their medicine

COMPLETE BOTH SIDES OF THIS FORM

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I request that the treatment be given in accordance with the above information by a named member of the school staff who has received all necessary training. 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 the drugs and medicines in the original duplicate labelled containers provided by the dispensing Chemist.

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

I can be contacted at the following address/telephone during school hours:

Name: .....

Address (if different from child's address above) .....

.....

Telephone No:.....

Signed:..... Date: .....

TO BE COMPLETED BY MEMBER OF STAFF SUPERVISING/ADMINISTERING MEDICINE

DATE										
TIME GIVEN										
STAFF INITIALS										

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