

Parental Consent for the Administration of Medication

MEDICATION RECORD

Medicines must be in the original container and show a pharmacy label. The dosage and frequency must be stated on the label. If more than one medicine is to be given a separate form should be completed for each one.

Child's Name:

Date of Birth:

Teacher:

Medical condition requiring medication:

Name of medication:

Expiry date of medicine:

Formula (e.g. liquid, tablet, ointment, eyedrop etc..)

Quantity given to school:

Dosage:

Frequency/time to be administered:

First date of administration:

Last date of administration:

Can this be self-administered?

Action to be taken if the child refuses the medication:

Emergency phone number contact:

Name and phone number of GP:

PLEASE TICK TO ACCEPT THE FOLLOWING CONDITIONS BEFORE AUTHORISATION CAN BE GIVEN TO ADMINISTER THE MEDICATION:

- I will inform the school in person at the main office if there is any change in dosage to the medication.
- I will inform the school in person at the main office if the medication is stopped and will collect it for safe disposal.
- I understand an adult must deliver the medication to, and collect from, the main office.
- I will collect the medication at the end of the administration period or end of each half-term, whichever is sooner.
- 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 or overseeing self-administration, in accordance with the school policy.

Parent signature.

Print name

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Date:

Authorised by headteacher:

Date:

Medicines returned to parent/carer.

Parent signature:

Date:

Staff signature:

Date:

