**Administration of Medication Consent**

The school will not give your child medicine unless you complete and sign this form.

|  |  |
| --- | --- |
| Date for review to be initiated by |  |
| Name of school |  |
| Name of child |  |
| Date of birth |  |
| Group/class/form |  |
| Medical condition or illness |  |
| **Medicine** | |
| Name/type of medicine  *(as described on the container)* |  |
| Start date |  |
| End/Expiry date |  |
| Dosage and method of administering |  |
| Time(s) to be taken |  |
| Special precautions/other instructions |  |
| Are there any side effects that the school 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 | [agreed member of staff] |

Please read the following carefully before signing:

I understand that the medicines must be delivered personally by me to the school and that this is a service which is subject to the agreement with (insert school name). The above information is accurate at the time of writing and I give consent to qualified school staff administering medicine in accordance with the Trust policy. I acknowledge that school staff are not medical professionals and so can only follow the instructions which I have provided on this document. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication. I accept that:

* Medication will not be administered by the school unless this authorisation is completed and signed the parent/carer of the student.
* The Local Governing Committee, Executive Headteacher/Headteacher reserve the right to withdraw this service at any time.
* This agreement must be reviewed once the agreed end date is reached.
* All medication must be delivered to the school in their original containers.

Signature of parent/carer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Signature of school representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: