

## 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	
<b>Medicine</b>	
Name/type of medicine <i>(as described on the container)</i>	
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	
<b>NB: Medicines must be in the original container as dispensed by the pharmacy.</b>	
<b>Contact Details</b>	
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: \_\_\_\_\_