

APPENDIX 2

PARENT/CARER CONSENT FOR SCHOOL TO ADMINISTER MEDICINE TO A PUPIL

Name of child:	Date of birth:
Class/Teacher:	
Condition/Illness:	
Name/Type/Strength of Medicine: (as described on the container)	
Date dispensed: (if applicable)	Expiry date:
Dose and frequency required in school: (include specific times if required e.g. 5ml at 12.30)	
Duration of treatment: (e.g. as needed/3 days etc.)	
Side effects: (if applicable)	
Does the medicine need to be returned at the end of each day? <input type="checkbox"/> YES <input type="checkbox"/> NO - the medicine can be stored in school until no longer required (tick as required)	
Any other relevant information: (e.g. Must be on an empty stomach)	

- ❖ Medicine **will not** be administered to your child unless a permission form is completed and signed.
- ❖ A separate form should be completed for each different medicine.
- ❖ A new form must be completed if any details change e.g. a different dosage.
- ❖ Parents/carers will be informed when a child refuses their medicine.
- ❖ Prescribed medicine must be in the original container it was dispensed in.
- ❖ Prescribed medicine can only be administered to the child named on the prescription label.
- ❖ Always hand medicines directly to a member of staff – do not send into school with your child.

I have read the above information and agree to follow the guidance.

The information recorded above is, to the best of my knowledge, accurate at the time of writing.

I understand that the school is not obliged to administer medicine, and in some circumstances an appropriate adult may be required to come to school to give medicines.

I give permission for a member of staff to administer medicine to the child name above, in accordance with the information recorded above.

Name _____ **Relationship to child** _____

Signature _____ **Date** _____