

PARENTAL CONSENT TO ADMINISTER MEDICATION

(WHERE AN INDIVIDUAL HEALTHCARE PLAN OR EDUCATION HEALTHCARE PLAN IS NOT REQUIRED)

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Name of child		
Date of birth		
Class		
Medical condition or illness		
Medicine Name/type of medicine (as described on the container)		
Expiry date		
Dosage and method		
Timing Special precautions/other instructions		
Are there any side effects that the school/setting needs to know about?		
Self-administration	Yes	No
Procedures to take in an emergency NB: Medicines must be in the original container as dispensed by the pharmacy and the manufacturer's instructions and/or Patient Information Leaflet (PIL) must be included <u>Contact Details</u> Name: Daytime telephone no: Relationship to child: Address:		

I understand that I must deliver the medicine personally to [agreed member of staff/school office] The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I confirm that this medication has been administered to my child in the past without adverse effect. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s):

Date: