Parental Consent for Schools/Setting to Administer Medicine

The school/Setting will not give your child medicine unless you complete and sign this form, and has a policy that staff can administer medicine, and staff consent to do this.

Note: Medicines must be in the original container as dispensed by the pharmacy

Name of School/Setting	St Laurence C of E Primary School		
Date	/ /		
Childs name			
Date of birth	/ /		
Class Name			
Medical condition or illness			
Medicine			
Name/type of medicine/strength (as described on the container)			
Date dispensed	/ /		
Expiry date	/ /		
Agreed review date to be initiated by (name of member of staff)	C Slowik / D Halford		
Dosage and method			
Timing – when to be given			
Special precautions			
Any other instructions			
Self administration	Yes / No (delete as appropriate)		
Contact Details			
Name			
Daytime telephone number			
Relationship to child			
Address			

Name and phone number of G.P.							
<u> </u>	wledge, accurate at the time of writing and I give cine in accordance with the School/Setting policy. I ng, if there is any change in dosage or frequency of						
I accept that this is a service that the School/Setting is not obliged to undertake. I understand that I must notify the School/Setting of any changes in writing							
Date	_						
Parent's signature							
Print name							
Date							
If more than one medicine is to be given a separat	e form should be completed for each one.						

For School Use

Register of Medication Administered

Date	Medication	Amount given	Amount left	Time	Administered by	Comments / ActionSide effects