**MEDICATION CONSENT FORM**

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The school are unable to give your child medicine unless you complete and sign this form and the Head Teacher has agreed that school staff can administer the medicine on your behalf. Please note that we are unable to administer any drugs which contain Ibuprofen/Aspirin unless the medicine has been prescribed by a doctor.

All medicine must be in **its original container as dispensed by a pharmacist and include the prescriber’s instructions** for administration or additional written instructions for the child’s parent/carer.

**Details of Pupil**

|  |  |
| --- | --- |
| **Surname:** | **Forename:** |
| **Class:** |
| **Condition:** |

**Medication**

|  |  |
| --- | --- |
| **Name/Type of medicine:** |  |
| **For how long will your child take this:** |  |
| **Date of first and last dose:** |  |

**Full Directions for Use**

|  |  |
| --- | --- |
| **Dosage and method:** |  |
| **Timings:** |  |
| **Special precautions:** |  |
| **Side effects:** |  |
| **Procedures in an emergency:** |  |

I understand that I must deliver the medicine personally to the class teacher/school office and accept that this is a service which the school is not obliged to undertake.

|  |  |
| --- | --- |
| **Parent/Carer Signature:** | **Dated:** |

**For school office use only. The medication will be administered to your child**.

|  |  |  |  |
| --- | --- | --- | --- |
| **Date & Time:** | **Dose:** | **Signature 1:** | **Signature 2:** |
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