



Parental Consent Form

Administration of medication

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

Date for review to be initiated by
This should be annual or when medical needs change

Name of school/setting

Name of child

Date of birth

Group/class/form

Medical condition or illness

Medicine

Name/type of medicine
(as described on the container)
Route/method of administration

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 – Y/N

Procedures to take in an emergency

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

Contact Details

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to the following members of staff

[agreed member of staff]

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 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. Medication should be in date, labelled and in the original packaging, including instructions for administration, dosage and storage. I understand that I should supply and dispose of any medication that the school holds for my child.

Signature(s) _____

Date _____

Reference