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Parental consent to administer prescribed 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.

Date for review to be initiated by

Name of child
Date of birth
Group/class/form
Medical condition or illness

Medicine

Name/type of medicine
(as described on the container)
Expiry date

Dosage and method
Timings

Duration (days)

Does it need refrigeration?

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 and the manufacturer's instructions and/or Patient Information Leaflet (PIL) must be included

Contact Details

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to

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

Record of medicine administered to an individual child

Date			
Time given			
Dose given			
Controlled drug stock			
Name of member of staff			
Staff initials			
Witnessed by			

Date			
Time given			
Dose given			
Controlled drug stock			
Name of member of staff			
Staff initials			
Witnessed by			

Date			
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