Form 2 – Parental Consent for Schools/Setting to Administer Medicine

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

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

Name of School/Setting .....Long Row Primary School.....

Date .....

Childs name ..... Class .....

Medical condition or illness .....

Medicine
Name/type of medicine/strength .....
(as described on the container)
Date dispensed (prescribed medicine only) .....

Expiry date .....

Name & phone number of GP.....

Dosage and method .....Timing – when to be given .....

Special precautions .....

Are there any side effects that the School needs to know about ?.....

Procedures to take in an emergency .....

The above information is, to be the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I understand that it may be necessary for this treatment to be carried out during educational visits and other out of school activities, as well as on the school premises.

I understand to supply the school with the drugs and medicines in the original duplicate labelled containers, provided by the Dispensing Chemist.

I accept that whilst my child is in the care of the school, the school staff stand in the position of the parent and that school staff may, therefore, need to arrange any medical aid considered necessary in an emergency, but I will be told of any such action as soon as possible.

I will inform the school immediately, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

I accept that this is a service that the school is not obliged to undertake and I hereby absolve the school and it's Governing Body from any responsibility arising from my child taking medication in school.

Contact Details – First Contact

Name .....Daytime telephone number .....

Relationship to child .....Address .....

I understand that I must deliver the medicine personally to a member of staff

Date ..... Signature (s) .....