



Medication Consent Form

Important: School staff are not required to undertake this duty.

Child's Name:		DOB:	Year Group:		
Parent's Name:			Emergency Contact Number:		
Doctor:	Surgery:		Surgery Telephone No:		
Medication:	Date Prescribed:	Dosage & Timing:		Time of last dose (if applicable):	
Reason for Taking Medication:		Duration of Course <u>(Please note - max. 3 days for Calpol unless a Dr has been consulted):</u>		DATE	TIME
Self-administer? (Y/N)	Storage Requirements (eg. in fridge):		Use by Date:		
Consequences of medication / treatment not being given:					
Remedial action Required:					
Medicine side effects:					
Action to be taken in the event of an emergency:					
PARENT / GUARDIAN CONSENT					
Please read and sign. (NB If you do not agree to these conditions, you will need to come to school to administer the medicine personally)					
<ul style="list-style-type: none"> This task is being undertaken voluntarily and in a spirit of general care and concern. Whilst we will make every effort to administer this medication on time and as required, the member of staff responsible (Ms Grint), or the school, can make no absolute guarantees. I understand that I must give the medicine to the office staff personally, and accept that this is not a service the school is obliged to undertake. I confirm that my child's Doctor has stated the (s)he considers it necessary for this medication to be taken during school hours. <u>(Please delete if not applicable)</u> 					
Signature:					
Relationship to pupil:					
Date:					
STAFF MEMBER AGREEMENT					
<ul style="list-style-type: none"> I understand the instructions detailed above and agree to give the medication as requested, as per the conditions detailed above. 					
Signature:					
Date:					

NOTE: Retain Original form with Medication. Once course is completed, file in pupil's blue file, and copy for First Aid file.