



Parental consent for School Staff to administer medicine

In accordance with the School policy regarding the administering of medicines, the School will only be able to give medicine to your child when you complete and sign this form.

Date Class.....

Child's NameChild's Date Of Birth.....

Note: Medicines must be in their original container as dispensed by the pharmacy.
The School Nursing Team advise that antibiotics can only be given in school if four times a day.

Name and strength of medicine:

1.
.....

Expiry date.....

Dose to be given

Time to be given.....

Name and strength of medicine:

2.
.....

Expiry date.....

Dose to be given

Time to be given.....

Any other instructions

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff to administer the medicine, who have received appropriate training in accordance with the Local Education Authority Code Of Practice.

I undertake to ensure that the school has adequate supplies of the medication.

I undertake to ensure that the medicine(s) supplied by me and prescribed by my child's Doctor are labelled correctly, in date, with storage details attached, and will inform the school if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent's signature.....

Print Name

Daytime phone number of parent/contact.....

