

Parental Consent Form for Administration of Medicine

This form must be completed in full, signed and returned to Student Reception with the medication.

The completion of this form does not act as a guarantee that the school will administer medication and the school may refuse to administer medication at any time.

Any medication to be administered must have been administered previously by the parent to minimise the risk of adverse or allergic reaction to any new medication.

All medication must be stored in its original container and be clearly labelled with the child's name. Please refer to the Administration of Medication policy for more information.

Name of Child:			
Date of Birth:		Form:	
Medical Condition/Illness:			
Name of Medicine (as described on the container):			
Is the medicine prescribed?	YES / NO	Is the medicine self-administered?	YES / NO
Dosage and method:			
Timing(s):			
Duration of course:			
Special Precautions:			
Any side effects?			
Procedures to take in an emergency:			

EMERGENCY CONTACT DETAILS

Name:
Telephone Number(s):
Relationship to Child:
Parental Signature
Signature:
PRINT NAME:
Date:

FOR OFFICE USE ONLY:



Storage Location

Medicine Cupboard	Fridge	With Student	Student Reception
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"I have come so they may have life and have it to the full" (John 10:10)
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