Parental Consent Form

Administration of medication

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy supporting staff to safely administer medicine.

Date for review to be initiated by This should be annual or when medical needs change	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine *(as described on the container)* Route/method of administration	
Expiry date	
Dosage and method	
Timing	
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

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to the following members of staff	[agreed member of staff]

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 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. Medication should be in date, labelled and in the original packaging, including instructions for administration, dosage and storage. I understand that I should supply and dispose of any medication that the school holds for my child.

Signature(s) _____ Date _____