



## **CONSENT FORM FOR ADMINISTRATION OF MEDICINES**

Prescribed medicines must be in the original container as prescribed by the pharmacy, non-prescribed medicines to be in the original container

Date	
Child's name	
Date of Birth	
Reason for medicine	
Prescribed by GP	Yes/No
Name/type of medicine/strength ( as described on container	
Date dispensed	
Expiry Date	
Dosage – method	
Frequency – when to be given	
Duration of medicine	
Number of tablets /quantity given to school	
Special precautions	
Any other instructions	
Are there any side effects the school need to be aware of	
Emergency Contact Details – 1 and relationship to child	

Emergency Contact Details – 2 and relationship to child	
I understand that I must deliver the medication directly to the medical officer	
Non Prescribed medication ie paracetamol – I understand no dose will be given prior to midday unless the school contact me and seek my verbal permission	

The above information is correct to the best of my knowledge and accurate at the time of writing. I give consent to the First Aider to administer the medication in accordance with school policy. I will inform the school immediately in writing if there is any change to dosage or frequency or if the medication is stopped.

I accept that this is a service that the school is not obliged to undertake.

I accept that no non-prescribed medication will be administered prior to 12 noon unless I am contacted and give verbal consent.

I accept that I must mark the pupil planner to show prescribed medication previous dosage in order for my child to be safeguarded against over medication.

Date .....

Signature (s) .....

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