

Parental Consent – Administration of Medicines in School

To be completed by the Parent/Guardian of any child requesting that drugs are administered under the supervision of school staff or where a child is bringing medicine into school which they will self-administer.

If you need help to complete this form, please contact the School Office.

Name of child	Date of birth
Address	School
Doctor's Name	
Reason for Medication	
Potential Side Effects of Medication	
Non-prescribed Medicines – my child requires the following non-prescribed medicines:	
Prescribed Medicines – The Doctor has prescribed (as follows) for my child:	
1. Name of drug or medicine to be given and any special storage instructions	
2. When? (e.g. lunchtime, after food, when wheezy, before exercise)	
3. How much? (e.g. 5ml, 1 tablet, 2 puffs)	
4. Route? (e.g. by mouth, in eye, on skin)	
My child: (please tick)	
1. Can administer his/her own medication	
2. Requires supervision to administer his/her own medication	
3. Requires assistance in administering his/her medication	
I request that the treatment be given in accordance with the above information by a named member of the school staff who has received all the necessary training. I understand that it may be necessary for this treatment to be carried out during educational visits and other out-of-school activities, as well as on the school premises.	
I undertake to supply the school with the drugs and medicines in the original duplicate labelled containers, provided by the Dispensing Chemist.	
I accept that whilst my child is in the care of the school, the school staff stand in the position of the parent and that the school staff may, therefore, need to arrange any medical aid considered necessary in an emergency, but I will be told of any such action as soon as possible.	
I can be contacted at the following telephone number during school hours:	
Name	Name
Telephone number	Telephone number
Signature	
Date	

Medication Administration Record (when administered by School Staff)

Medication:	
Amount:	

Date							
Time Given							
Signature							
Date							
Time Given							
Signature							
Date							
Time Given							
Signature							
Date							
Time Given							
Signature							

Date returned to Parent:	
Form destroy date:	