

The Headteacher authorises first aiders to administer the medicine prescribed below.

The school is only permitted to give your child medicine when you complete and return this form. Please note the following points:

- The Office is will administer medicine once a day (usually at 12:00pm) unless your child is enrolled in the school's ASC after 4:30pm
- One form must be complete for each medicine prescribed
- Medicines must be in the original container as dispensed by the pharmacy with the original pharmacist label
- Medicines must be handed into the school office with this form completed
- If medicine cannot remain in school overnight it is your responsibility to deliver and collect the medicine via the school office, each day
- Medicines **must not** be left in your child's bag or handed to the teacher
- To avoid the risk of unknown reaction to the medication, I confirm the first dose will not be given in school

<b>Name of child:</b>		<b>Yr:</b>	<b>Class:</b>
<b>GP/Doctor Name:</b> <b>Tel:</b>		<b>Medical condition or illness:</b>	
<b>Name/ type of medicine</b> <b>(described on the container)</b>			
<b>Expiry date</b>			
<b>Duration to administer medicine</b>	<b>Start date:</b>	<b>End date:</b>	
<b>Time(s) to administer medicine</b> <small>Note, Office is will administer medicine once a day (usually at 12:00pm) unless your child is enrolled in the school's ASC after 4:30pm</small>			
<b>Dosage and method</b>			
<b>Are there special precautions/other instructions? e.g. take with water? before food?</b>			
<b>Does the medicine need to be stored in a fridge?</b>		<b>yes/ no</b>	
<b>Comments – e.g. are there any side effects that the school/setting needs to know about?</b>			
<b>Self-administration - does the child administer this?</b> <b>NB</b> children will be supervised at all times		<b>yes/ no</b>	
<b>To avoid the risk of unknown reaction to the medication, I confirm the first dose will not be given in school</b>		<b>yes – please sign in this box</b>	
<b>Procedures to take in an emergency</b>			
<b>Contact Details</b>			
<b>Parent/carer's name</b>			
<b>Daytime telephone no.</b>			
<b>Relationship to child</b>			
<b>I understand that I must deliver the medicine personally to the school office</b>			

The above information is, to the best of my knowledge, accurate at the time of writing. I give consent to school staff administering medicine in accordance with the school policy. I release them from all further liability or responsibility for any consequence adverse effects, reactions or any unforeseen circumstances, which might arise. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

**Signature(s) (Parent/Carer)** \_\_\_\_\_ **Date** \_\_\_\_\_

Parental Consent to Administer Medicine 2024

Part 2: FOR INTERNAL USE

RECORD OF MEDICINE ADMINISTERED TO:

Child: \_\_\_\_\_ Yr \_\_\_\_\_ Class \_\_\_\_\_

The Headteacher authorises first aiders to administer the medicine prescribed for the child.

Date	Time	Dose given	Name	Signature

Please return this form to the office when the duration has expired to be filed in the child's student file.