

Parent to sign

Forms Annex

Form 1

Peak Tor Federation Parental Consent for Schools to Administer Medicine

The school will not give your child medicine unless you complete and sign this form, and has a policy that staff can administer medicine, and staff consent to do this.

Note: Medicines must be in the original container as dispensed by the pharmacy

Name of School/Setting

Date

	Day	/	Month
/	Year		

Child's name

Date of birth

	Day	/	Month
/	Year		

Class

Medical condition or illness

Any known allergies?

Yes/No

If yes, what is the reaction?

Medicine

Name/type of medicine/strength

(As described on the container)

Date dispensed

Expiry date

Agreed review date to be initiated by

(Name of member of staff)

Dosage and method

Timing - when to be given

Special precautions

Any other instructions

Number of tablets/quantities to be given to School/Setting

Are there any side effects that the?
School needs to know about?

Self-administration

Yes / No (delete as appropriate)

Procedures to take in an emergency

Contact Details - First Contact

Name

Daytime telephone number

Relationship to child

Address

I understand that I must deliver the medicine personally to (agreed member of staff)

Contact Details - Second Contact

Name

Daytime telephone number

Relationship to child

Address

I understand that I must deliver the medicine personally to (agreed member of staff)

Name and phone number of G.P.

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The above information is, to be 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.

I accept that this is a service that the School/Setting is not obliged to undertake.

I understand that I must notify the School/Setting of any changes in writing

Date _____ Signatures _____

Parent's signature _____

Print name _____

Date _____

If more than one medicine is to be given a separate form should be completed for each one.