Medication Consent Form

The school will not give your child medication unless you complete and sign this form.

To be completed by the Parent/ Guardian/ Carer

Students Name: Click or tap here to enter text.	Date of Birth: Click or tap to enter a date.
Parents/ Carer Contact Name and Number: Click or tap here to enter text.	
Doctor/Surgery Click or tap here to enter text.	Tel: Click or tap here to enter text.
Medication (as described on the packaging): Click or tap here to enter text.	
Storage Requirements: Click or tap here to enter text.	
Is delivery of the medication time specific? Yes/ No (delete as required)	If Yes, time to be given Click or tap here to enter text.
Dosage: Click or tap here to enter text.	Use Before Date: Click or tap here to enter text.
Can pupil Self Administer? Yes/ No	
Any Special Information (including precautions and side effects): Click or tap here to enter text.	

PARENT / GUARDIAN CONSENT: Please read, sign and date

This task is being undertaken voluntarily and in a spirit of general care and concern.
We will make every effort to administer this medication on time and as required.
The member of staff responsible can decline to accept responsibility once they have read these instructions.
If this is the case you will be informed immediately.

Signature: .

Date:

STAFF MEMBER. DO YOU UNDERSTAND EXACTLY WHAT IS REQUIRED? YES / NO

Signature: Date:
Signature: Date:
Signature: Date:
Signature: Date:
Signature: Date: