Consent to Give Medicine in School

Medicines must be in the original container as dispensed by the pharmacy - the only exception to this is insulin, which may be available in an insulin pen or pump rather than its original container.

NB. The school will do its best to administer the medicines as required, however, there may be occasions when this is not possible. Please remind your child to go to the office to receive their medicine. If you wish, you may come into school to administer these medicines yourself.

Pupil's details

Pupil's name	
Class	
Medication	
Medical Condition	

☐ My child will be responsible for the self administration of medicines as directed below

☐ I agree to members of staff administering medicines/providing treatment to my child as directed below or in the case of an emergency, as staff consider necessary

Name of medicine	Dose	Frequency/times	Completion date of course if known	Expiry date of medicine
Special Instructions				

NOTE: Where possible the need for medicines to be administered at school should be avoided. Parents are therefore requested to try to arrange the timing of doses accordingly.

Parents Phone No: Home: _____ Work:_____

G.P. Name_____ Location: _____ Phone: _____

THIS FORM MUST BE PHOTOCOPIED AND A COPY GIVEN TO THE PARENT

THIS MEDICINE WILL NOT BE REQUIRED AFTER ……..(DATE), AND IT WILL BE COLLECTED BY A NAMED ADULT WITHIN TWO WEEKS OF THE COMPLETION DATE. I UNDERSTAND THAT IF THE MEDICINE HAS NOT BEEN COLLECTED BY THIS TIME IT WILL BE DISPOSED OF.

Parent's Signature …… Date: ……

Staff Signature ……..…… Date: ……