

Administering Medicines in School Consent Form



This form **MUST** be completed and signed by a parent/carer in order to administer any medication in school. Medicines should be in their original container as dispensed by the shop/pharmacy. They must have the child's name on them.

PLEASE NOTE: The administration of medicines remains the responsibility of parents. Whilst academy staff can assist with the supervision of medication in accordance with the medical conditions policy, they can only do so if the consequences of a dose being missed is not serious.

Name of child	
Class/Year group	

Medicine Information

Reason for medication (i.e., condition being treated. If for pain relief, please provide details of symptoms for administration)	
Name of medication (as on its container)	
Expiry Date	
Dosage required	
Timings of administration	
Any additional information/precautions to note	
Any known side effects	
Self-administration Y/N	
Start date	
End date	

I give consent for (*school name*) to administer the above medication in line with the school policy. The information provided is to the best of my knowledge correct and I will provide an immediate update to school if there are any changes.

Name.....(parent/carer) Date.....

Signature.....