

Administered Medication Parental Consent Form and Record

The school/setting will not give your child medicine unless you fully complete and sign this form and agree to the school policy for the Administration of Medication (NB A copy of the policy is available on the school website, hard copy available upon request).

Child's Name	
Child's DOB	
Child's Year/Class	
Date medication provided to School	
Medical condition or illness	
Name and strength of medicine	
Expiry date of medication	
Dosage and Method (eg 5ml spoon)	
Timing (When to be given)	
Self-administration? Y/N	
Any other instructions or precautions (eg take with food)	
Number of tablets/quantity given to school	

Note: Medicines must be in the original container as dispensed by the pharmacy. Unlabelled medication will not be accepted. If more than one medicine is to be given a separate form must be completed for each one

Emergency phone no. of parent/guardian	
Name and phone no. of GP	
Agreed review date//Review initiated by	//

The above information is, to the best of my knowledge, accurate at the time of completing this form and I give consent for staff to administer medicine in accordance with the school policy. 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 to be stopped earlier than the agreed review date above. I am a parent/legal guardian of the above named child with authority to provide consent on their behalf.

Parent/Guardian signature: _____

Print name: _____ Date: _____

Staff signature: _____ Position held: _____

Date: _____

Date			
Time given			
Dose Given			
Staff Name			
Witness Staff Initials			
Notes (e.g. side effects, medication refused)			

Administered Medication Parental Consent Form and Record continued

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