



PARENTAL CONSENT FOR ADMINISTERING MEDICINES AT SCHOOL

Staff at St Peter's School will NOT be able to give your child medicine unless you complete, sign and return this form personally to the SCHOOL OFFICE with the required medication. A separate form is required for each medicine/prescription.

NAME OF CHILD:	
Date of Birth:	
Year Group:	

Medical Condition or Illness:

Details of Medicine to be Administered:		N.B. Medicines must be in the original box (as dispensed by the pharmacy)	
Name/Type of Medicine & Strength: <i>(as described on the container)</i>			
Expiry Date:		Dosage:	
Quantity Received <i>(e.g. full bottle)</i> & Date Received:			
Method: e .g. spoon/puffer Self-administration: Y/N			
Time(s) to be administered:			
Storage of medicine:			
Special precautions/other instructions:			
Are there any possible side effects or current allergies that the school needs to know about?			
Other prescribed medicines child takes at home?			

Contact Details:	
Name:	
Daytime telephone no.(s):	
Relationship to child:	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school staff administering medicine accordance with the school Medical 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 stopped.

Parent Signature: _____ Date: _____

School Representative Signature: _____ Date: _____

For further information please refer to the Medical Policy and Headteacher



RECORD OF MEDICINE ADMINISTERED TO A CHILD

NAME OF CHILD:	
Date of Birth:	
Year Group:	

Details of Medicine to be Administered:	
Name/Type of Medicine: <i>(as described on the container)</i>	
Dose required:	
Method: e .g. spoon/puffer Self-administration: Y/N	
Time(s) to be administered:	
Storage of medicine:	Fridge / Cupboard / Other: _____

Date	Time given	Dose given	Given by	Parent Signature

End of treatment/course:	
Date medicine returned to parent:	
Quantity returned to parent: <i>(e.g. 1/2 bottle):</i>	

Parent Signature: _____ Date: _____
 School Representative Signature: _____ Date: _____