

Medication Consent Form**This Form should be completed for all medication except inhalers**

Please use block print throughout

Child's name:	Date:	Class:
Parent emergency contact:		
Doctor:	Surgery	Surgery Tel:
Medical Condition/illness:		
Medication:	Storage requirements:	
Dosage:	Timing:	
Expiry date:	Self-administration Y/N:	
Are there any side effects that the school needs to know about?		
<p><u>PARENT / GUARDIAN CONSENT.</u> Please read and sign.</p> <p><i>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 make no absolute guarantees, and may decline to accept responsibility once they have read these instructions. If so you will be informed immediately. Please note that it is the parent's responsibility to check their child's medication regularly to ensure it is still within expiry date, replenish if required and to remove unused or expired medication.</i></p> <p><u>The school will only administer prescribed medication that has the child's name and instructions printed on the label.</u></p> <p>The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.</p> <p>Signature(s): _____ Date: _____</p>		
<u>Name of staff member who has agreed to administer medication:</u>		
Signature: _____ Date: _____		

1. Original: Retain with medication

2. Copy: to be filed in Medication File