

South Darley CE Primary School
Parental Consent for schools/settings to administer medicine.

The School/setting will not give your child medicine unless you complete and sign this form, and has a policy that staff can administer medicine, and staff consent to do this.

NOTE: Medicines must be in the original container as dispensed by the pharmacy.

NOTE: if more than one medicine is to be given a separate form should be completed for each one.

Date		
Childs Name		
Childs DOB		
Class	Infants	Juniors
Short Description of Medical Condition or illness		

Medicine

Name of Medicine as described on container		
Date Dispensed		
Expiry Date		
Dosage and Method		
Timings – when to be given		
Date last dose to be administered on		
Any other instructions, special precautions or side effects		
Is the child to self- administer?	Yes	No

Contact Details

Person to be contacted in an emergency	
Relationship to Child	
Day time telephone no	
Address	

I understand that I must deliver the medicine personally to the teacher responsible for the school morning club for the day or to the School Business Administrator

The above information is, to be the best of my knowledge, accurate at the time of writing and I give consent to School staff administering the 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 should be stopped before the expiry date of this consent form.

I accept that this is a service that the School is not obliged to undertake and I understand that I must notify the school of any changes in writing.

Date		Signature	
Print Name		Relationship to child	

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Staff member Agreement to Administer Medicine

Staff may agree to accept medicine without the original box, provided that the medication has the dispensing pharmacist's label affixed to it. Please provide any measuring devices (e.g. dispensing spoon or syringe) with the medication. If a medication is a controlled drug, two members of staff must be present to administer the drug. Please note school staff cannot administer Aspirin or Ibuprofen unless prescribed by a doctor. Staff will also not administer doses other than as prescribed in the written instructions/prescription.

It is agreed that (please insert Child's Name) _____
will receive (please insert quantity and name of
medicine) _____
every day at (please insert time medicine to be administered
at) _____

(Please insert Child's Name) _____
will be given/supervised whilst he/she takes their medication by

(Please insert staff member's name).

This arrangement will continue until (Please insert date of last dose to be
given) _____

Date

Signature

Dispensing Record.

Staff members **MUST** check this sheet **before** dispensing any medication and complete **after** dispensing any medication.

Date and Time	Dosage	Staff Signature	Comments