



### Consent Form to Administer Medicines

**The school staff will not give any medication unless this form is completed and signed.**

Dear Headteacher

I request and authorise that my child \*be given/gives himself/herself the following medication:  
(\*delete as appropriate)

<b>Name of child</b>		<b>Date of Birth</b>	
<b>Address</b>			
<b>Daytime Tel no(s)</b>			
<b>School</b>			
<b>Class</b>			
<b>Name of Medicine:</b>			
<b>Reason for medicine:</b>			
<b>Special precautions e.g. take after eating</b>			
<b>Are there any side effects that the school needs to know about?</b>			
<b>Time of Dose</b>		<b>Dose</b>	
<b>Start Date</b>		<b>Finish Date</b>	

This medication has been prescribed for my child by the GP/other appropriate medical professional whom you may contact for verification.

<b>Name of medical professional:</b>	
<b>Contact telephone number:</b>	

**I confirm that:**

- ✓ It is necessary to give this medication during the school/setting day
- ✓ I agree to collect it at the end of the **day/week/half term** (delete as appropriate)
- ✓ This medicine has been given without adverse effect in the past.
- ✓ The medication is in the original container indicating the contents, dosage and child's full name and is within its expiry date.

<b>Signed (parent/carer)</b>	
<b>Date</b>	

