



Consent to administer **prescribed** medication in school

In line with the procedure on the administration of medicines in school, the school will not give your child medicine unless you complete and sign this form.

Name of child	
Date of birth	
Class	
Medical condition or illness	
Name/type of medicine <i>(as described on the container)</i>	
Dosage and method	
Timing	
Date medicine dispensed	
How long will your child need to take this medication	
Special precautions/ other instructions	
Are there any side effects that the school needs to know about?	
Can the medicine be self-administered by the child?	
Procedures to take in an emergency	

Medicines must be in the original container as dispensed by the pharmacy and must include your child's name

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	

Prescribed medicines must be handed into the main office by an adult.

Date for review (expiry date) if required	
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The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school procedure. 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.

Signature(s) _____ Date _____

