

Appendix A

Parental Consent to Administer Medicine

This school/setting will not give your child medicine unless it is in accordance with our Supporting Pupils with Medical Conditions Policy and Procedures and you complete and sign his form.

Name of Pupil:			
Date of Birth:		Gender:	
		Class:	
Date for review to be initiated by:			
Medical diagnosis, condition or illness			
Medicine(s)			
Name/type of medicine (as described on the container):			
Expiry date(s):			
Dosage and method of administration:			
Timing(s):			
Special precautions or other instructions: e.g. with food etc.			
Side effects that the school must know about:			
Can the child self-administer?	Yes/No	If Yes is supervision required?	Yes/No
Steps to take in an emergency:			

PLEASE NOTE: medicines must be in the original containers as dispensed by the pharmacy.

Name:			
Relationship to Child:			
Address:		Mobile Tel. No:	
		Home Tel. No:	
		Work Tel. No:	
I understand that I must deliver the medicine personally to			
I understand that my child must have a working, in-date and sufficiently full inhaler, clearly labelled with their name. I consent to my child receiving, in an asthma emergency, salbutamol which has not been prescribed to them.			
The above information is, to my knowledge, accurate at the time of writing and I consent to the school staff administering medicine in accordance with the Policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency or if the medicine is stopped.			
Signed:		Date:	