**MEDICATION CONSENT FORM**

**Please complete a separate form for each medication**

To be completed by the Parent/Carer of a student who needs medication at school.

We endeavour to give medication at the required time. You will always receive an email with the time medication has been administered.

**WE CAN ONLY ACCEPT TABLETS/MEDICINE IN IT’S ORIGINAL PACKAGING**

|  |  |  |
| --- | --- | --- |
| Name of Child:  | Tutor Group /Class  | Date of Birth:  |
| What is this medication to be taken for?  |
| Name of Medication, strength & quantity: | Expiry date: |
| What time should the medication be given at school? | Dose to be given (e.g. 5mls/ one tablet): |
| Does the medication need to be taken home at the end of each day? This may apply to antibiotics. It is the parents/carers responsibility to ensure that they are collected.YES NO |

**Please read declaration before signing**

I give consent to the school first aider to witness the administration of this medication. I will inform the school immediately if there is any change in dosage or frequency or if it is to be discontinued.

I undertake to supply the school with medication in its original packaging, and be responsible for the collection of the medication at the end of the academic year, or beforehand should it be discontinued. I understand that the school will safely dispose of any medication not collected.

It is expected that my son/daughter should attend the medical room at the required time. For out of school activities, they will be expected to report to the designated member of staff responsible for the administration of medicines.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_

Medication received by member of staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Collected by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date last administered \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Disposed date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_