**PARENTAL CONSENT FORM FOR ADMINISTRAITION OF MEDICATION**

This form must be completed in full and signed by the Parent/Carer.

Any child needing medication **must have their first dose given by a Parent/Carer at least ½ an hour before coming to school,** to reduce the risk of unexpected adverse or allergic reaction to any new medication.

All medicines **must** be stored in the **original container (e.g. Calpol) with the box and leaflet enclosed and clearly labelled by the parent.**

In the case of prescribed medication, the pharmacy sticker must be clearly visible for staff to read.

Any pharmacy label that is obscured in any way may mean that the medication will be returned to you without being administered until a new pharmacy sticker is applied.

In this instance you may come to school to administer the medication yourself.

Please Note: The completion of this form does not guarantee that school staff will administer the medication but if we have any questions we will contact you immediately to discuss the matter.

Thank You

Mrs Glynn

Headteacher

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| **Name** **of child** and **class**: |  |
| Date of Birth: |  |
| Medical condition/illness: |  |
| Name of medication on the container: |  |
| Is the medication prescribed: | YES / NO |
| Dose and method:  (e.g. 5mls, before meals, rub onto area) |  |
| Time to be given: |  |
| Expected duration of the course: |  |
| Expiry date on container: |  |
| Any side effects known to you: |  |
| **Name of adult completing this form:** |  |
| Mobile Phone Number: |  |
| Relationship to child: |  |
| **Signed:** |  |
| **Print Name:** |  |
| Today’s Date: |  |
| Stored in the fridge: | YES / NO |
| **I have read all the information**  **overleaf Signed:** |  |
| Any other information: |  |