

Form 2 - Parental Consent for Schools/Setting to Administer Medicine

The school will not give your child medicine unless you complete and sign this form, and has a policy that staff can administer medicine, and staff volunteer to do this.

Note: Medicines must be in the original container as dispensed by the pharmacy

Name of School/Setting	Furness Vale Primary School
Date	Day / Month / Year
Child's Name	
Group/Class/Form	
Medical condition or illness	
Medicine	
Name/type of medicine/strength (as described on the container)	
Date dispensed	Day / Month / Year
Expiry Date	Day / Month / Year
Agreed review date to be initiated by (name of staff member)	
Dosage and method	
Timing – when to be given	
Special precautions	
Any other instructions	
Number of tablets/quantity to be given to School	
Self administration	Yes / No (delete as appropriate)
Procedures to take in an emergency	

Contact Details – First Contact

Name

Daytime telephone number

Mobile telephone number

Relationship to child

Address

I understand that I must deliver the medicine personally to (agreed member of staff)

Name and phone number of G.P.

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 policy. I will inform the School immediately, in writing, if there is any change in dosage or frequency of the medication of the medication or if the medicine is stopped.

I accept that this is a service that the School is not obliged to undertake.

I understand that I must notify the School of any changes in writing.

Date _____

Signature _____

I acknowledge receipt of the above medicine/empty container.

Date _____

Signature _____