

TIBSHELF COMMUNITY SCHOOL

Parental Consent for Schools/Setting to Administer Medication

Student's Name

D.O.B Form

Name and Strength of Medication

Dosage and Method

When to be given

Special precautions

Any other instructions

Number of tablets/quantity given to school

Start Date End Date

NB. MEDICATION MUST BE IN THE ORIGINAL CONTAINER, AS DISPENSED BY THE PHARMACY WITH CLEAR INSTRUCTIONS ON HOW MUCH TO GIVE.

Are there any side effects that the School/Setting needs to know about

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Self-administration YES/NO

Procedures to take in an emergency

Telephone number of Parent/Carer

Name and 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 the School staff administering the medication 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 or if the medication is stopped.

Parent's/Carer's signature **Date**.....

Print Name

If more than one medication is to be given, a separate form should be completed for each.