MEDICATION CONSENT FORM (to be filed in Medication Administration Record File)

The school will not give your child any medication unless you complete and sign this form and the Headteacher has confirmed that school staff have agreed to administer the medication.

DETAILS OF PUPIL

Surname: …….

Forename (s): …….

Address: …….. M/F ……..

……. Date of Birth: …….

……. Class/Form: …….

Reason for medication (optional): ……..

CONTACT DETAILS:

Name: …….Daytime Contact No:……..

Relationship to pupil: ……

Address (if different to above): ……..

I understand that the medication must be delivered by a responsible adult to an authorised/appointed person in school and accept that this is a service which the school is not obliged to undertake.

Date……. Signature: ……..

MEDICATION:

Name/Type of Medication ……
(as described on the container)

For how long will your child take this medication? ……

Date dispensed: ……..

FULL DIRECTIONS FOR USE:

Dosage and amount **(as per instructions on container):** …….

Method: ……

Timing: ……..

Special Precautions: ……..

Self-Administration: ……..

I would like/would not like (please delete accordingly) my son/daughter to keep his/her asthma inhaler with him/her to use as necessary.

MEDICATION:

Name/Type of Medication ……
(as described on the container)

For how long will your child take this medication? ……

Date dispensed: ……..

FULL DIRECTIONS FOR USE:

Dosage and amount **(as per instructions on container):** …….

Method: ……

Timing: ……...

Special Precautions: ……..

Self-Administration: ……..

I would like/would not like (please delete accordingly) my son/daughter to keep his/her asthma inhaler with him/her to use as necessary.

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Name/Type of Medication ……
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For how long will your child take this medication? ……

Date dispensed: ……..

FULL DIRECTIONS FOR USE:

Dosage and amount **(as per instructions on container):** …….

Method: ……

Timing: ……...

Special Precautions: ……..

Self-Administration: ……..

I would like/would not like (please delete accordingly) my son/daughter to keep his/her asthma inhaler with him/her to use as necessary.