

APPENDIX 4: 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 has 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 Telephone No:

Relationship to Pupil:

Address:

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 (s):

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:

Please tick:

a) At this stage I would like my child to keep his/her asthma inhaler/epipen about their person to use as necessary.

OR

b) At this stage I would prefer that my child keeps his/her asthma inhaler/epipen within close proximity to them e.g. in their tray, or class box.

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:

Please tick:

b) At this stage I would like my child to keep his/her asthma inhaler/epipen about their person to use as necessary.

OR

b) At this stage I would prefer that my child keeps his/her asthma inhaler/epipen within close proximity to them e.g. in their tray, or class box.

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:

Please tick:

c) At this stage I would like my child to keep his/her asthma inhaler/epipen about their person to use as necessary.

OR

b) At this stage I would prefer that my child keeps his/her asthma inhaler/epipen within close proximity to them e.g. in their tray, or class box.