Appendix C: Parental Consent Form MED 1

Administration of medication form – The school WILL NOT give your child medicine unless you complete and sign this form				
Date for review to be initiated by:				
Name of child:				
Date of birth:				
Group/class/form:				
Medical condition or illness:				
Medicine				
Name and/or type of medicine *(as described on the container):*				
Expiry date:				
Dosage and method:				
Timing:				
Special precautions and/or other instructions:				
Any side effects that the school needs to know about:				
Self-administration – Yes/No:				
Procedures to take in an emergency:				
NB: Medicines must be in the original container as dispensed by the pharmacy – the only exception to this is insulin, which may be available in an insulin pen or pump rather than its original container. **Contact details**				
Name:				
Daytime telephone number:				
Relationship to child:				
Address:				
I will personally deliver the medicine to:	**School Office**			

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent for school staff to administer medicine in accordance with the relevant policies. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication, or if the medicine is stopped.

Signature Date