

Please return this form to Student Services.

Parental Consent For The Administration Of Medicines

As school staff are not authorised to administer medication without written authorisation from a parent, it is essential that this form is completed if you would like your child to receive even the most common type of medicines (Paracetamol etc.). ALL medication must be clearly labelled and handed to a member of staff. Students must NOT carry their own medication unless this is considered essential and a Form 6 is completed.

Name of child:	
Date of birth:	
Address:	
Doctor's Name:	
Doctor's Surgery:	

Non-Prescribed Medicines

My child requires the following non-prescribed medicines: If this is not the case please delete.

Name of medicine and instructions	When?	Dose?
Paracetamol	4 times a day	According to age

Prescribed Medicines

The Doctor has prescribed the following for my child.

Name of medicine and instructions	When?	Dose?

Please see overleaf.

I request that the treatment be given in accordance with the above information by a member of the school staff who has received the necessary training. I understand that it may be necessary for this treatment to be carried out during educational visits.

I undertake to supply the school with the drugs and medicines in the original labelled containers, provided by the Dispensing Chemist.

I accept that whilst my child is in the care of the school, the school staff stand in the position of the parent and that the school staff may, therefore, need to arrange any medical aid considered necessary in an emergency, but I will be told of any such action as soon as possible.

Print Name:	
Signed:	
Address:	
Date:	
Contact telephone no:	

Please return this completed form to Student Services in school.

This form should be destroyed when the medication is completed or changed.