



Castleton C of E Primary School
Administration of Medicine
March 2015

Parental Consent for Medication to be Administered in School

Castleton Primary School will not administer medication to your child without completion of this parental consent form. Please complete this form accurately to ensure that all details of your child's need's and dosage are clearly communicated.

Medication must be in it's original packaging complete with dosage instructions and administration procedure/times.

Child's Details

Child's Name _____

Date of Birth _____

Class Teacher _____

Short term/ long term administration (delete as appropriate)

Short term – how many days? _____

Long term in accordance with GP/Health Plan _____

Medical condition/illness _____

Medicine

Name of medication _____

Dosage and method _____

Timing _____

Any other instructions _____

Self administered Yes/No (delete as appropriate)

Contact details

Name _____ Relation to child _____

Day time telephone number _____ Mob number _____

Address_____

Contact details – second contact

Name_____Relation to child_____

Day time telephone number_____ Mob number_____

Address_____

Medical contact

Name of GP_____ Name of Practice_____

Address of GP practice_____

Telephone number_____

Completed by_____

Relationship to child_____

Date_____

Declaration

- The above information is correct at the time of writing
- I consent to a member of staff administering medication as instructed above
- I will inform Castleton Primary School immediately of changes to the above information
- I will deliver and collect the medication in person
- I accept that this is not a service Castleton School is obliged to undertake

Signature_____