

**STARKS FIELD PRIMARY SCHOOL**

**PARENTAL CONSENT FOR SCHOOL TO ADMINISTER PRESCRIPTION MEDICINE**

Medicines must be in the original container as dispensed by the pharmacy. Starks Field will not give your child prescription medicine, unless you complete and sign this form, in line with the school policy, which can be found on our website [www.starksfield.enfield.sch.uk](http://www.starksfield.enfield.sch.uk).

**PUPIL DETAILS:**

Surname:		First Name(s):	
Condition or illness:			
Male/Female ( <i>delete as appropriate</i> )		Date of Birth:	Class:

**DETAILS OF PRESCRIBED MEDICINE**

Name/Type of Medication (as described on the prescription label or container)
Expiry Date:
Storage Instructions:
For how long will your child take this medication?
Dosage and method:
Timing:
Special precautions/other instructions:
Are there any side effects that the school/setting needs to know about?
Self Administration YES <input type="checkbox"/> or NO <input type="checkbox"/> . If Yes, then form C2 should be completed instead.
Procedures to take in an emergency:
Name and number of GP:

I give consent for Starks Field Primary School to administer the above prescription to my child, as detailed above. I accept that the administration of medication is a service which Starks Field is not obliged to undertake and although the school will make every effort to ensure that my request is met, I understand that ultimately, it is my responsibility to ensure my child knows to come to the Welfare Room at the required time to take the medicine detailed above.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Member of staff: \_\_\_\_\_ Date: \_\_\_\_\_