

Parental/carers consent to administer a PRESCRIBED MEDICINE

All prescribed medicines must be in the original container as dispensed by the pharmacy, with the child's name, the name of the medicine, the dose and the frequency of administration, the expiry date and the date of dispensing included on the pharmacy label. **A separate form is required for each medicine.**

Date	
Child's name	
Class	
Name of prescribed medicine	
Strength of medicine	
How much (dose) to be given. For example, One tablet, One 5ml spoonful	
At what time(s) the medication should be given	
Reason for medication	
Duration of medicine: Please specify how long your child needs to take the medication for.	
Are there any possible side effects that the school needs to know about? If yes, please list them	

Special Instructions	
Medicine to be left at school	Yes / No
Medicine to be taken home every day (e.g. antibiotics)	Yes / No

I give my permission for the headteacher or the school's staff to administer the prescribed medicine to my son/daughter during the time he/she is at school. 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. I understand that it may be necessary for this medicine to be administered during educational visits and other out of school activities, as well as on the school premises. I also agree that I am responsible for collecting any unused or out of date medicines and returning them to the pharmacy for disposal and supplying new stock to the school, if necessary. The above information is, to the best of my knowledge, accurate at the time of writing.

Parent/carers name	
Parent/carers signature	
Mobile Number of parent/carers	