

Appendix A: Medicine Consent Form

Sherrier CE Primary School Medicine Consent Form	
Child's name and class	
Child's date of birth	Age: _____
My child has been diagnosed as having (<i>condition</i>)	
He/she is considered fit for school but requires the following medicine to be given during school hours	
Name of medicine	
Dose required	
Time/s of dose to be administered at school:	
Additional information (<i>e.g. with food, allergies</i>)	
With effect from [start date]	
Until [end date] (<i>End of school year if ongoing</i>)	
The medicine should be taken by (<i>mouth, nose, in the ear, other: please provide details as appropriate</i>)	
I kindly request that you arrange for the administration of the above medicine as indicated.	
All medication, except for emergency inhalers, will be stored on the child's behalf. This medicine does/does not need to be kept in a fridge. (<i>Please delete as appropriate</i>)	
By signing this form I confirm the following statements:	
<ul style="list-style-type: none"> • That my child has taken this medicine or at least two doses of this medicine before and has not suffered any adverse reactions. 	
<ul style="list-style-type: none"> • That I will update the school with any change in medication routine use or dosage 	
<ul style="list-style-type: none"> • That I undertake to maintain an in date supply of the medication 	
<ul style="list-style-type: none"> • That I understand the school will keep a record of medicine given and will keep me informed that this has happened. • This will be shared via: <ul style="list-style-type: none"> ○ Phone call: _____ ○ Email: _____ ○ Face-to-face at the door (specify the adult(s): _____ 	
Specify time/date(s) of contact:	
<ul style="list-style-type: none"> • That I understand staff will be acting in the best interests of my child whilst administering medication. 	

Date

Time of last dose (*parent/
carer to complete*)

Time given

Dose given

Name of member of staff

Staff initials

Date

Time of last dose (*parent/
carer to complete*)

Time given

Dose given

Name of member of staff

Staff initials

Signed	
Name (please print)	
Contact details of parent/guardian	
Contact details of GP	
Date	
Staff member signature	
Name (please print)	
Date	

