



## Administration of Medication Parental Consent Form

The school will not give your child medicine unless you complete and sign this form.

Name of child

Date of birth

Known allergies


### Medicine 1

Name/type of medicine  
*(as described on the container)*

Expiry date

Dosage and method

Timing

Special precautions/other instructions

Are there any side effects that the school/setting needs to know about?

Self-administration - y/n

Procedures to take in an emergency

Prescribed by

Medical condition or illness


### Medicine 2

Name/type of medicine  
*(as described on the container)*

Expiry date

Dosage and method

Timing

Special precautions/other instructions

Are there any side effects that the school/setting needs to know about?

Self-administration - y/n

Procedures to take in an emergency

Prescribed by

Medical condition or illness


**NB: Medicines must be in the original container as dispensed by the pharmacy**

**Please use more than 1 form if more than 2 medications.**

**Please include any emergency medication your child has been prescribed i.e. Buccal Midazolam.**

**Contact Details**

Name

Daytime telephone no.

Relationship to child


**Parental consent**

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. 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.

Signature(s)\_\_\_\_\_

Date\_\_\_\_\_

**Paracetamol parental consent**

I give permission for my child to have paracetamol for pain or fever from the school supply. The dose given will be in line with the directions on the bottle and in line with current weight.

Signature(s)\_\_\_\_\_

Date\_\_\_\_\_

**Notes for Parents/Carers: Administration of Medication**

- This form must be completed by the parent, guardian, carer, or person with parental responsibility for the pupil, and submitted along with the medication to the School Nurse.
- All medication must be provided in its original pharmacy container, clearly labelled with:
  - o The expiry date
  - o The name and strength of the medication
  - o The prescribed dosage and frequency
  - o The name of the pupil the medication is prescribed for
- Please inform the school immediately if there are any changes to your child's medication or medical care. A new consent form must be completed for any medication change or for any newly prescribed medication.
- If your child attends hospital or has a consultant appointment, please request that a copy of the clinic notes or discharge summary is sent to the school. This helps ensure we are fully informed about your child's medical needs and can support them safely.

**Guidance Notes**

- The school will only administer medication prescribed by a doctor.
- Over-the-counter pain or fever relief will only be administered if the school has received written and signed instructions from the parent/carer.
- Medication must be in date, in its original packaging, and clearly labelled with:
  - o The contents
  - o The pupil's name
  - o The dosage and frequency
  - o The name of the prescribing doctor

- The information provided on this form is requested in confidence, so the school is fully aware of your child's medical requirements and can provide appropriate support.