

CANN BRIDGE SCHOOL

ADMINISTRATION OF MEDICATION CONSENT FORM

Name of Child: D.O.B.

Address:

Medical Condition:

Allergies:

G.P:

Consultant:

MEDICATION	DOSE	TIMES	PRESCRIBED BY:

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

Parental Consent:

I confirm that a doctor has prescribed the above medication for

I give permission for the nurse or her nominee to administer the medication to

.....during the time they are in school.

Signed: Date:

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

Signed: Date:

(Parent or person with parental responsibility).

Notes

- This form must be completed by the parent, guardian or person with parental responsibility for the pupil/student and delivered with the medication to the school nurse.

- The medication must be in the original container from the pharmacy and clearly labelled with:

- The expiry date of the medication.
- The name and strength of the medication.
- The dosage and frequency to be given.
- The name of the pupil/student that it has been prescribed for.

Please inform the school nursing team if there are any changes to your child's medication or to their medical care. You will need to complete a new consent form for any changes to medication or any new medications prescribed.

If your child attends hospital or has an appointment with a consultant, please ask for a copy of the clinic notes or discharge paperwork to be sent to the school nurse. This is to ensure that we are fully aware of all aspects of your child's medical care.

We can be contacted between 9.00 a.m. – 3.30 p.m. on 01752 207909.

We also have a secure email address which you can use to contact us about your child's medical care.

cannbridgeexception@torbridge.net Emails to this address are confidential and can only be accessed by key staff.

Cann Bridge School Nursing Team