



## School Medication Consent Form

<b>Date</b>	
<b>Child's name</b>	
<b>Class</b>	
<b>Name of Medicine</b>	
<b>Number of tablets/quantity of liquid medication given to school.</b>	
<b>How much to give (i.e. dose)</b>	
<b>When to be given</b>	
<b>Any other instructions</b>	
<b>Phone number of parent/carer contact.</b>	
<b>Name of G.P./Tel No</b>	

The above information is to the best of my knowledge accurate at the time of writing and I give consent to school staff administering the medication in accordance with school and LA policy. I will inform the school immediately if there is any change to above information.

Signed ..... Parent/carer

Print name .....

Date .....



**Appendix 2b**

<b>Child's Name/class</b>	
<b>Name of Medicine</b>	
<b>How much to give (i.e. dose)</b>	

Date									
Time given									
Dose Given									
Name of member of staff									
Staff initials									



## School Medication Consent Form (Self administration)

<b>Date</b>	
<b>Child's name</b>	
<b>Class</b>	
<b>Name of Medicine</b>	
<b>Number of tablets/quantity of liquid medication given to school.</b>	
<b>How much to give (i.e. dose)</b>	
<b>When to be given</b>	
<b>Any other instructions</b>	
<b>Phone number of parent/carer contact.</b>	
<b>Name of G.P./Tel No</b>	

The above information is to the best of my knowledge accurate at the time of writing and I give consent to school staff supervising the administration of medication in accordance with school and LA policy. I will inform the school immediately if there is any change to above information.

Signed ..... Parent/carer

Print name .....

Date .....