

Administration of Medicines & Treatment Consent Form

Dear Parent/Carer,

We require your written permission to administer any medicines in school.

Please do not decant medicines into other containers. We can only accept medicines in their original container as dispensed by the pharmacy, otherwise we might miss important instructions and warnings.

If your child refuses to take the medicine, we will make every effort to inform you on the same day.

Please hand the medicine over to a member of the admin team personally.

For any medicines required on a long-term basis, ask the pharmacy if they can supply a separate labelled supply just for the school (they might need another prescription to do this). We can then keep a separate supply at school without the need for you to send medicines in each day.

Child's first name	Child's surname	D.O.B	Class

Medicine name	Strength	Form (e.g. syrup/tablets)	Amount needed	At which time(s)

What type of help does your child need with this medicine (mark as appropriate):

- I need someone to administer this medicine to my child
- They can take the medicine themselves, but need the following supervision from staff:

Are there any side effects that the school/setting needs to look out for?

Parent/carers name	
Signature	
Relationship to pupil	
Daytime (mobile) telephone no.	
Date	

