**Form 2 - Parental Consent for Schools/Setting to Administer Medicine**

The school/Setting will not give your child medicine unless you complete and sign this form, and has a policy that staff can administer medicine, and staff consent to do this.

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

|  |  |
| --- | --- |
| Name of School/Setting |  |
|  |  |
| Date |  / /  |
|  |  |
| Childs name |  |
|  |  |
| Date of birth |  / /  |
|  |  |
| Group/Class/Form |  |
|  |  |
| Medical condition or illness |  |
|  |  |
|  |  |
|  |  |
| **Medicine** |  |
|  |  |
| Name/type of medicine/strength |  |
| *(as described on the container)* |  |
|  |  |
| Date dispensed |  / /  |
|  |  |
| Expiry date  |  / /  |
|  |  |
| Agreed review date to be initiated by (name of member of staff)  |  |
|  |  |
|  |  |
| Dosage and method |  |
|  |  |
| Timing – when to be given |  |
|  |  |
| Special precautions |  |
|  |  |
| Any other instructions |  |
|  |  |
| Number of tablets/quantity to be given to School/Setting |  |
|  |  |
| Are there any side effects that the School/Setting needs to know about? |  |
|  |
|  |
| Self administration | Yes / No (*delete as appropriate*) |
|  |  |
| Procedures to take in an emergency |  |
|  |  |
|  |  |
|  |  |
| Contact details if different from child’s record |  |
|  |  |
|  |  |
| I understand that I must deliver the medicine  personally to (agreed member of staff) |  |
|  |  |
| Name and phone number of G.P. |  |
|  |  |
| The above information is, to be 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. |
|  |
| I accept that this is a service that the school is not obliged to undertake.I have read the information above and indemnify the Headteacher and staff against all claims arising for maladministration or neglect in giving medication. |
|  |
|  |  |
|  |
|  |  |
| Parent’s signature |  |
| Print name |  Parent/Carer |
|  |  |
| Date |  |

If more than one medicine is to be given a separate form should be completed for each one.