**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.