## CHILDREN AND YOUNGER ADULTS DEPARTMENT

## 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	Day / M	Ionth / Year
Childs name		
Date of birth	Day / M	Ionth / Year
Group/Class/Form		
Medical condition or illness		
Medicine		
Name/type of medicine/strength (as described on the container)		
Date dispensed	Day / M	onth / Year
Expiry date	Day / M	onth / Year
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 a	as appropriate)
Procedures to take in an emergency		
Contact Details – First Contact		
Name		

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Daytime telephone number							
Relationship to child							
Address							
I understand that I must deliver the medicine personally to (agreed member of staff)							
Contact Details – Second Contact							

Name

Daytime telephone number

Relationship to child

Address

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/Setting staff administering medicine in accordance with the School/Setting policy. I will inform the School/Setting 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/Setting is not obliged to undertake. I understand that I must notify the School/Setting of any changes in writing

Date	Signature(s)	
Parent's signature		
Print name		
Date		

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

For School/Setting Use

Reviewed by	Date	Signature	Print Name	
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To be reviewed annually or if dose changes