



**Consent form to administer medicines on school site and off-site activities.
School staff will NOT give medication unless this form is completed and signed.**

I request and authorise that my child be given the following medication:

Name of child:		Class:	
Date of birth:			
Address:		Post Code:	
Emergency Contact Name:			
Emergency Contact Number:			
Doctors Surgery Name & Address:		Doctors Phone Number:	
Medical Condition/Allergy or Illness, and reason for medication:	Medicines must be in their original container, and clearly labelled		
Name of medication & Dose:		Time of dose:	
Maximum Dose (if applicable)			
Start Date:		Finish Date:	
Are there any side effects that the school needs to know about?			
Special precautions e.g. take after eating			

I confirm that:

- I have received medical advice stating that it is, or may be in an emergency, necessary to give this medication to my child during the school day and during off-site school activities;
- I agree to collect it at the end of the term and replace any expired medication as soon as possible, disposing of any unused medication at the pharmacy;
- The medication is in the original container labelled with the contents, dosage, child's full name and is in within its expiry date
- I give consent, as part of the health and safety and GDPR regulations, for any specific emergency medicine my child might require to be displayed in the staff room for staff employed by the school to see.

Print Name: _____ Signed: _____ Date: _____