

**This form is for ONE MEDICINE ONLY**  
**Please use a separate form for additional medication**



**ADMINISTRATION OF MEDICINES AT SCHOOL**

**CONSENT FORM**

STUDENT			
Legal Forename		Legal Surname	
Tutor Group		Date of Birth	

SURGERY / MEDICAL PRACTICE	
Has the medicine been prescribed by a health professional?	Yes / No
If yes, please give the following details:	
Doctor / Health Professional Name	
Name of Surgery / Medical Practice	
Address	
Postcode:	
Telephone No	

**Instructions:**

1. All prescription and non-prescription medications must be clearly labelled with the student's name
2. All prescription and non-prescription medications must be stored in the original bottle with unaltered label
3. All prescription and non-prescription medications requiring refrigeration must be properly stored
4. All prescription and non-prescription medications shall be administered in accordance with the label directions

MEDICINE INFORMATION			
Medical Condition or illness			
Name of Medicine (as on container)			
Expiry date		Duration of course	
Dosage		Time / Frequency	
Does the medicine require refrigeration?	Yes / No	Self administration?	Yes / No
Special Instructions:			

- I consent to the Student Support Office / First Aid staff administering/supervising self-administration of the above medicine to my child as directed above
- I understand it is my responsibility to ensure the medication provided is in date and in its original packaging. Out of date medication will be disposed of safely
- I understand that I must notify the school of any changes in writing e.g. Dosage

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (in block capitals): \_\_\_\_\_

Relationship to student: \_\_\_\_\_