# MEADOW FARM PRIMARY SCHOOL

## PARENTAL CONSENT FOR THE ADMINISTRATION OF MEDICINES IN SCHOOL

TO BE COMPLETED BY THE PARENT/CARER OF ANY CHILD REQUESTING THAT DRUGS ARE ADMINISTERED UNDER THE SUPERVISION OF SCHOOL STAFF OR WHERE A CHILD IS BRINGING MEDICINE INTO SCHOOL WHICH THEY WILL SELF-ADMINISTER. ONLY PRESCRIBED MEDICATION CAN BE ADMINISTERED IN SCHOOL.

Please complete in capital letters.

**Name of Child:** _____ **Date of Birth:** _____

**Address:** _____

_____

**Doctor's Name:** _____

| **The Doctor has prescribed (as follows) for my child:** | |
|---|---|
| **Name of Drug or medicine to be given** | |
| **When? e.g. lunchtime, after food, when wheezy, before exercise** | |
| **How much? e.g. 5ml, 10ml, 1 tablet, 2 drops** | |
| **Route? e.g. by mouth or each ear** | |
| **Any special storage instructions?** | |

| **Please select the option below that applies to your child:** | |
|---|---|
| **Can administer his/her own medication** | **Yes / No** |
| **Requires supervision to administer his/her own medicine** | **Yes / No** |
| **Requires assistance in administering his/her medicine** | **Yes / No** |

| Please acknowledge you have read and understood each statement below: | |
|---|---|
| **I request that the treatment be given in accordance with the information overleaf, by a member of the school staff who has received all necessary training. I understand that it may be necessary for this treatment to be carried out during educational visits and other out of school activities, as well as on the school premises.** | **Yes / No** |
| **I undertake to supply the school with the drugs / medication in its original duplicate labelled containers provided by the Dispensing Chemist.** | **Yes / No** |
| **I accept that whilst my child is in the care of the school, the school staff take the position of the parent and may therefore, need to arrange any medical aid considered necessary in an emergency.**<br>**I will however, be informed of any such action as soon as possible.** | **Yes / No** |

I can be contacted at the following address / telephone number during school hours.

**Name:** _____

**Contact Address:** _____

_____

**Emergency Telephone Number:** _____

**Signed:** _____

**Date:** _____