



Consent form to administer medicines

The school/early years staff will not give any medication unless this form is completed and signed.

Dear Headteacher

I request and authorise that my child be given or gives him/herself the following medication:

Name of Child		Class	
Date of Birth		Age	
Address			
Mobile		Home number	
Name of medicine			
Prescription	<input type="checkbox"/>	Over the counter	<input type="checkbox"/>
Special pre-cautions/ instructions			
Potential or known side effects			
Time of dose		Dose amount	
Start date		Finish date	

This medication has been prescribed for my child by a GP/other appropriate medical professional whom you may contact for verification (where applicable).

Name of medical professional	
Contact telephone number	

I confirm that:

- It is necessary to give this medicine during the school setting/day
- I agree to collect it at the end of the day/week/half term (delete as appropriate)
- This medicine has been given without adverse effect in the past
- The medicine is in the original container indicating the contents, dosage and child's full name and is within its expiry date
- The medicine does not contain aspirin.

Signed (parent/carer)		Date	
Print name		Relationship	

