

Parental Consent Form

To be completed by the parent/guardian of any child/young person to whom drugs may be administered under the supervision of school/setting staff. The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

If you need help to complete this form, please contact the School/setting or the Health Visitor attached to your doctor's surgery.

Please complete in block letters

Name of school/setting	Stafford Junior School - Eastbourne
Name of child	
Date of birth	
Class	
Medical condition or illness	

Medicine

Name/type of medicine (as described on the container)	
Expiry date	
Dosage and method	
Administer medicine until (date)	
Time for administering medicine	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – (Yes or No)	
Procedures to take in an emergency	

NB: Medicines must be in the original container as prescribed by GP/Hospital and dispensed by the pharmacy

Contact Details

Name

Daytime telephone number/s

Relationship to child

Address

Personnel of Stafford School Office

I understand that I must deliver the medicine personally to

A separate form must be completed for each medicine.

I accept that I must deliver the medicine personally to (Personnel of Stafford School Office). The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school/setting/early year's setting staff administering medicine in accordance with their policy. I will inform the school/setting/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

I understand that it may be necessary for this treatment to be carried out during educational visits and other out of school/setting activities, as well as on the school/setting premises.

I undertake to supply the school/setting with the drugs and medicines in properly labelled containers.

I accept that whilst my child is in the care of the school/setting, the school/setting staff stand in the position of the parent and that the school/setting staff may therefore need to arrange any medical aid considered necessary in an emergency, but I will be told of any such action as soon as possible.

Signature(s)

Date