

**South Darley CE Primary School**  
**Parental Consent for schools/settings to administer medicine.**

The School/setting will not give your child medicine unless you complete and sign this form, and has a policy that staff can administer medicine, and staff consent to do this.

**NOTE: Medicines must be in the original container as dispensed by the pharmacy.**

**NOTE: if more than one medicine is to be given a separate form should be completed for each one.**

<b>Date</b>		
<b>Childs Name</b>		
<b>Childs DOB</b>		
<b>Class</b>	Infants	Juniors
<b>Short Description of Medical Condition or illness</b>		

**Medicine**

<b>Name of Medicine as described on container</b>		
<b>Date Dispensed</b>		
<b>Expiry Date</b>		
<b>Dosage and Method</b>		
<b>Timings – when to be given</b>		
<b>Date last dose to be administered on</b>		
<b>Any other instructions, special precautions or side effects</b>		
<b>Is the child to self- administer?</b>	Yes	No

**Contact Details**

<b>Person to be contacted in an emergency</b>	
<b>Relationship to Child</b>	
<b>Day time telephone no</b>	
<b>Address</b>	

**I understand that I must deliver the medicine personally to the teacher responsible for the school morning club for the day or to the School Business Administrator**

The above information is, to be the best of my knowledge, accurate at the time of writing and I give consent to School staff administering the medicine in accordance with the School Policy. I will inform the school setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine should be stopped before the expiry date of this consent form.

I accept that this is a service that the School is not obliged to undertake and I understand that I must notify the school of any changes in writing.

<b>Date</b>		<b>Signature</b>	
<b>Print Name</b>		<b>Relationship to child</b>	

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**Staff member Agreement to Administer Medicine**

*Staff may agree to accept medicine without the original box, provided that the medication has the dispensing pharmacist's label affixed to it. Please provide any measuring devices (e.g. dispensing spoon or syringe) with the medication. If a medication is a controlled drug, two members of staff must be present to administer the drug. Please note school staff cannot administer Aspirin or Ibuprofen unless prescribed by a doctor. Staff will also not administer doses other than as prescribed in the written instructions/prescription.*

**It is agreed that (please insert Child's Name) \_\_\_\_\_**  
**will receive (please insert quantity and name of**  
**medicine) \_\_\_\_\_**  
**every day at (please insert time medicine to be administered**  
**at) \_\_\_\_\_**

**(Please insert Child's Name) \_\_\_\_\_**  
**will be given/supervised whilst he/she takes their medication by**

\_\_\_\_\_  
**(Please insert staff member's name).**

**This arrangement will continue until (Please insert date of last dose to be**  
**given) \_\_\_\_\_**

**Date**

**Signature**

**Dispensing Record.**

Staff members **MUST** check this sheet **before** dispensing any medication and complete **after** dispensing any medication.

<b>Date and Time</b>	<b>Dosage</b>	<b>Staff Signature</b>	<b>Comments</b>