MARKEATON PRIMARY SCHOOL
BROMLEY STREET
DERBY DE22 1HL

Headteacher: Mr. I Johnson
School/Medical/Medicine Parental Consent

Telephone: 01332 347374

PARENTAL CONSENT - ADMINISTRATION OF MEDICINES IN SCHOOL

To be completed by the parent/guardian of any child requesting that drugs be administered under the supervision of school staff. The school will not give your child medicine unless you complete and sign this form. If you need help to complete this form, please contact the School Office.

Date medicine provided by parent			
Name of child		DOB	
Medical condition or illness		Teacher/Class	

Name/type of medicine *(as described on the container)*		
Expiry Date		
Dosage and method *(e.g. 1 drop in left eye)*		
Timing		
Last day to be taken		**Self-administration**: Yes / No
Special precautions/other instructions *(e.g. fridge*		
Are there **any side effects** we should know about?		
Procedures to take **in an emergency**		

N.B: Medicines must be in the original container as dispensed by the pharmacy

Contact Details:

Name		Relationship to child	
Daytime phone number			

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signed		Print Name		Date	

If this is an ongoing medication, a new form does not need to be completed every time a new bottle/pack is received HOWEVER careful attention must be paid to checking the following remains the same: PERSON'S NAME, NAME OF MEDICATION and DOSE (how much). IF ANY OF THESE DETAILS CHANGE A NEW FORM MUST BE COMPLETED BY THE PARENT/CARER.

Expiry Date	Amount received (e.g. 100ml, 20 tablets)	Parent/Carer's Signature	Date New Medication received

For Office Use

Child's Name: Class:

WHEN RECEIVED:

Date	
Name/type of medicine	
Quantity received	
Dose & frequency	
Strength	
Location medicine kept	

WHEN COLLECTED:

Date? Who returned to? Quantity returned?