



*St. Matthew's C.E. Primary School*

**Witnessing to Christ with our lives and our learning**

## **Parental/Carer consent form to administer a prescribed medicine**

- All prescribed medications must be in the original container as dispensed by the pharmacy, with the child's name, the name of the medicine, the dose and frequency of administration, the expiry date and the date of dispensing included on the pharmacy label.
- A separate form is required **for each medicine.**

<b>Child's name:</b>	
<b>Child's date of birth:</b>	
<b>Class:</b>	
<b>Name of medication:</b>	
<b>Dose to be given:</b>	
<b>Time the medication needs to be given:</b>	
<b>Reason for medication:</b>	
<b>Duration of medication:</b> Please specify how long your child needs to take the medication for.	
<b>Are there any possible side effects that we need to know about?</b> <b>If yes please specify.</b>	
<b>Is the medication required to stay in school or to be sent home at the end of each school day?</b>	

<b>Name of parent/carers</b>	
<b>Mobile number of parent/carers:</b>	
<b>Alternative emergency contact name:</b>	
<b>Alternative emergency phone number:</b>	
<b>Name of child's GP practice:</b>	
<b>Phone number of GP Practice:</b>	

- I give my permission for the qualified first-aider to administer the prescribed medication and release them from all further liability or responsibility for any consequent adverse effects, reactions or any unforeseen circumstances that may arise.
- I understand that it may be necessary for this medication to be administered during educational visits as well as on the school premises.
- I confirm that the dose and frequency requested is in line with the manufactures instructions.
- The above information is, to the best of my knowledge, accurate at the time of writing. I agree that I am responsible to inform the school if there is any change in dosage or frequency of the medication or if the medication is no longer needed.

<b>Parent/carer name:</b>	
<b>Parent/carer signature:</b>	
<b>Date:</b>	