



If your child is taking a prescribed medicine which needs to be administered during the school day, this may be handed in to Reception by an adult with this form. Medicines must be in the original container as dispensed by the pharmacy.

No medication will be accepted unless it is accompanied by this completed form. *(If your child has an Individual Health care plan this form is not required as all information is on the IHP. It is the parent's responsibility to inform the school of any changes to the IHP)*

<b>Name of Student</b>		<b>Date of Birth</b>		<b>Form Group</b>	
<b>Name/type of medication</b> <i>(as described on container and expiry date)</i>					
<b>Dose and method of administration</b> <i>(the amount taken and how medication is taken e.g. tablets, inhaler, injection.)</i>					
<b>When is it taken?</b> <i>(time of day)</i>					
<b>How the medication is taken and the amount</b>					
<b>Are there any signs when the medication should <u>not</u> be given?</b>					

<b>Daytime phone number of parent or adult contact</b>			
<b>GP Surgery Name</b>		<b>GP Surgery Tel No.</b>	

I give consent to school staff to administer the above prescribed medication. I will inform the school immediately in writing if there is any change in dosage or frequency of medication or if the medicine has been stopped. **It is my responsibility to ensure that the medication is 'in date'. I will collect out of date medicine and provide a replacement.**

<b>Print name (Parent/Carer)</b>	
<b>Signed (Parent/Carer)</b>	
<b>Date</b>	

***If more than one prescribed medicine is to be given, a separate form should be completed for each item.***