Appendix A: Medicine Consent Form

Congerstone Primary School **Medicine Consent Form**	
Child's name and class	
Child's date of birth	
My child has been diagnosed as having *(condition)*	
He/she is considered fit for school but requires the following medicine to be given during school hours	
Name of medicine	
Dose required	
Time/s of dose	
With effect from [start date]	
Until [end date]	
The medicine should be taken by *(mouth, nose, in the ear, other: please provide details as appropriate)*	
☐ I consent for my child to be supervised by a member of staff, whilst my child <u>takes their medicine by him/herself</u> according to the dose/frequency above.	
☐ I consent for my child to be given the <u>medication by a member of staff</u> according to the dose/frequency above.	

By signing this form I confirm and understand the following statements:

- That my child has taken this medicine, or at least two doses of this medicine, before and has not suffered any adverse reactions.
- That I will update school with any change in medication routine, use or dosage
- That I undertake to maintain an in date supply of the medication
- That school staff are acting voluntarily in administering medicines and have a right to refuse to do so
- That school will not be held responsible if, due to unforeseen circumstances, my child does not receive their medication
- That school is not responsible for any loss of/or damage to any medication
- That staff will act in the best interests of my child whilst administering medication
- That staff will keep a record of medicine given.

Signed	
Name (please print)	
Contact details	
Date	
Staff member signature	
Name (please print)	
Date	

Appendix A part 2 RECORD OF MEDICATION (This table should be copied to the reverse of the Medical Consent Form)

Pupils name

Date	Time	Name of medication	Dose given	Any reactions	Name of staff administering/overseeing medication	Signature of staff member