



Headlands Primary School



MEDICATION CONSENT FORM

This form must be completed in full and returned to your child's class teacher or the school office as soon as possible.

Please note that the school will not give your child any medication unless you complete and sign this form and the Headteacher has confirmed that school staff have agreed to administer it.

Child's Name:	Date of Birth:	Boy/Girl:	Class:
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Address:

Emergency Contact Details (Parent/Carer):

Full Name	Relationship to Child	Telephone Number

Important Information Regarding Inhalers

Inhalers are usually kept together in your child's classroom and managed by the Class Teacher.

If you would prefer your child to carry his/her inhaler with them and manage its use please could you indicate below.

Yes/No

Please note that all inhalers should be clearly labelled with your child's name and be 'in date'.

Parent/Carer - Authorisation

I understand that:-

- all medication must be clearly labelled and in the original container as dispensed by the pharmacy
- all medication should be 'in date' and available in school at all times
- all medication must be delivered to school by a parent/carers and handed to an authorised/appointed person in school
- I must notify the school of any changes to the medication/dosage in writing

Signature _____

Date _____

Office Use	System Updated		Copy to Class	
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Please complete both sides of the form and sign the authorisation

Name:	Class:
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<u>Medication 1</u>		
Medical Condition or Illness (Reason for Medication):		Name of Medicine (As described on container):
Date Dispensed:	When to be given (Times/taken with meals etc):	Dosage (How much to give):
Length of time your child will need to take this medication (Dates):		Special Precautions:
When was the last dose taken (This information is particularly important for medication containing paracetamol and for Piriton):		Possible side effects:
Any other instructions regarding this medication:		

<u>Medication 2</u>		
Medical Condition or Illness (Reason for Medication):		Name of Medicine (As described on container):
Date Dispensed:	When to be given (Times/taken with meals etc):	Dosage (How much to give):
Length of time your child will need to take this medication (Dates):		Special Precautions:
When was the last dose taken (This information is particularly important for medication containing paracetamol and for Piriton):		Possible side effects:
Any other instructions regarding this medication:		

<u>Medication 3</u>		
Medical Condition or Illness (Reason for Medication):		Name of Medicine (As described on container):
Date Dispensed:	When to be given (Times/taken with meals etc):	Dosage (How much to give):
Length of time your child will need to take this medication (Dates):		Special Precautions:
When was the last dose taken (This information is particularly important for medication containing paracetamol and for Piriton):		Possible side effects:
Any other instructions regarding this medication:		