

**CHRIST CHURCH PRIMARY SW9  
SHORT TERM ADMINISTRATION OF MEDICINES  
PARENTAL CONSENT FORM**

I confirm that the medicine detailed overleaf has been prescribed by a doctor, and that I give my permission for a staff member to administer the medicine to my son/daughter during the time he/she is at school. 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. I understand that the school will not be held responsible for any unforeseen adverse reactions following the administration of the medicine.

***Parents signature:***

***Date:***

**NOTES OF GUIDANCE**

A member of staff will only administer medicines prescribed by a doctor.

This form should be completed by the parent/carer of the pupil and be delivered personally, together with the medicine to the member of staff who will administer it.

The medicine should be in date and clearly labelled with:

- Its contents
- The owners name
- Dosage
- The prescribing doctor's name
- The information given overleaf is requested, in confidence, to ensure that the Headteacher is fully aware of the medical needs of your child.

*It is important to note that no staff member can be compelled to give medical treatment to a pupil, however, at Christ Church we see this as part of our pastoral role where there is good communication between home and school and where parents abide by our requirements.*

**Christ Church Primary SW9**

**Parental Consent for school to administer medicine**

<b>Child's Name and Date of Birth</b>		
<b>Today's Date</b>		
<b>Class</b>		
<b>Name and strength of medicine. Please note any related side effects.</b>		
<b>Expiry Date</b>		
<b>How much to give (ie. Dosage)</b>		
<b>When to be given (please circle) and how</b>	10:30am	1:30pm
<b>Reason for medication and how it should be stored.</b>		
<b>Number of tablets/ quantity to be given to school</b>		
<b>Time limit—please specify how long your child needs to be taking the medication</b>		

**PLEASE NOTE—Medicines must be in the original container as dispensed by the pharmacy**

**Christ Church Primary SW9**

**Parental Consent for school to administer medicine**

<b>Daytime phone number of parent/carer</b>		
<b>Name and phone number of GP</b>		
<b>Agreed Review date</b>		
<i>Date</i>	<i>Staff Signature</i>	<i>Parent's Signature</i>

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.

<b>Parent's signature:</b>
<b>Date:</b>