

Medicine Consent Form

Wymeswold C of E Primary School Medicine Consent Form	
Child's Name:	Class:
Child's date of birth:	
My child has been diagnosed as having (<i>condition</i>):	
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 (<i>mouth, nose, in the ear, other: please provide details as appropriate</i>):	
I consent / do not consent for my child to take the medicine by him / herself and therefore kindly request / do not request that you arrange for the administration of the above medicine as indicated. (<i>Please delete as appropriate</i>)	
I consent / do not consent for my child to carry his/her own medicine and therefore kindly request / do not request the school to store it on his / her behalf. This medicine does / does not need to be kept in a fridge. (<i>Please delete as appropriate</i>)	
By signing this form I confirm the following statements:	
<ul style="list-style-type: none">• That my child has taken this medicine or at least two doses of this medicine before and has not suffered any adverse reactions.	
<ul style="list-style-type: none">• That I will update the school with any change in medication routine use or dosage.	
<ul style="list-style-type: none">• That I undertake to maintain an in date supply of the medication.	
<ul style="list-style-type: none">• That I understand the school cannot undertake to monitor the use of self-administered medication carried by my child and that the school is not responsible for any loss of / or damage to any medication.	
<ul style="list-style-type: none">• That I understand the school will keep a record of medicine given and will keep me informed that this has happened.	
<ul style="list-style-type: none">• That I understand staff will be acting in the best interests of my child whilst administering medication.	
Signed:	
Name (please print):	
Contact details:	
Date:	
Staff member signature:	
Name (please print):	
Date:	