

# Hartsfield JMI School

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[www.hartsfield.herts.sch.uk](http://www.hartsfield.herts.sch.uk)



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## MED1

### Parental Consent Form

#### Administration of medication

The school will not give your child medicine unless you complete and sign this form. The Head teacher has agreed that school staff can administer the medication.

Name of child	
Date of birth	
Address	
Class/Year group	
Medical condition or illness	
How long your child will take this medication	

#### Medicine

Name/type of medicine <i>(as described on the container)</i>	
Dispensing date	
Dosage and method of administration	
Timing	
Special precautions/other instructions	
Any known side effects?	
Self-administration – Y/N	
Procedures to take in an emergency	

**NB: Medicines must be in the original container as dispensed by the pharmacy**

#### Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to the school office.	Signature:

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. 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. Medication should be in date, labelled and in the original packaging, including instructions for administration, dosage and storage. I understand that I should supply and dispose of any medication that the school holds for my child. I accept that this is not a service which the school is obliged to undertake.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Record of medicine administered to an individual child

Date	Time Given	Dose given	Name of medication	Is medication prescribed?	Signature of Staff member administering

## Record of medicine brought onto/taken off school premises

Date	Name of medication	Quantity of medication	Signature of parent	Signature of staff member	Meds in	Meds out