

Rye College Medication Consent Form

To be completed by the parent/guardian of any child/young person to whom drugs may be administered under the supervision of school staff. The school will not be able to give your child medicine unless you complete and sign this form, and the school has a policy that the staff can administer medicine. If you need help to complete this form, please contact the school, GP or pharmacy.

PLEASE COMPLETE IN BLOCK LETTERS

Name of child	
Date of birth	
Reason for medication	

MEDICINE

Name/type of medicine (<i>as described on the container</i>)	
Expiry date	
Dose	
Timing	
Special precautions/other instructions	
Are there any side effects?	
Procedures to take in an emergency	

NB: MEDICINES MUST BE IN THE ORIGINAL CONTAINER

Contact details	
Name	
Daytime telephone number	
Relationship to child	
I understand that I must hand the medication in to reception or to the attendance office.	[agreed member of staff]

A SEPARATE FORM MUST BE COMPLETED FOR EACH MEDICINE

The above information is, to the best of my knowledge, accurate at the time of writing and I give my consent to the school staff administering medicine in accordance with their policy. 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 it may be necessary for this treatment to be carried out during educational visits and other out of school activities, as well as on the school premises.

I undertake to supply the school with the drugs and medicines in properly labelled and named containers and it must be in the original packaging.

I accept that whilst my child is in the care of the school, the school staff stand in the position of the parent and that the school staff may therefore need to arrange any medical aid considered necessary in an emergency, but I will be told of any such action as soon as possible.

Signature(s) _____

Date _____