Sandwell and West Birmingham Hospitals

NHS Trust

**Medication and Feed Administration Consent Form**

This form must be completed and returned ASAP.

Please note your consent allows for any trained member of school staff, the healthcare assistants, or nursing staff to administer your child's feeds and or medications.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Child's name | | Date of birth | | | |
| Address | | | | Telephone | |
| Medication that should be given everyday | | | | | |
| Medication | Dose | | Route e.g. tube or oral | | Time |
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|  |  | |  | |  |
| Medication that is given as required (include any emergency medications i.e inhalers, buccolam or epi-pens. | | | | | |
| Medication | Dose | | Route | |  |
|  |  | |  | |  |
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|  |  | |  | |  |
| Naso gastric or Gastrostomy Feed Regime and Name of Feed (if applicable) | | | | | |

* All bottles must be labelled by the Pharmacist and this should include the dose.
* A brand-new bottle/box must be received; half bottles/boxes or open bottles/boxes will not be accepted.
* We cannot give medication that has 'as directed' on the label.
* Please check expiry dates as we cannot give out of date medication.
* Medication sent on school transport MUST be given to the transport staff.
* If your child is started on a new medication, and requires a dose to be given in school, please ask the doctor to prescribe a double supply, so there is one in school and one at home.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Meadows School staff/Health Care Assistants/Nursing staff administering medicine in accordance with the school 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.

Signed (Parent/Carer)

Date

The Meadows School 0121 569 7080

Direct Line for Nurses 0121 544 6754