



## **Parental Consent - Medication in School**

My child currently has a medical condition that requires medication to be administered during the school day.

Child's Name: \_\_\_\_\_

Child's DOB: \_\_\_\_\_ Class: \_\_\_\_\_

Condition Being Treated:

\_\_\_\_\_

Name of Medication:

\_\_\_\_\_

Dose: \_\_\_\_\_

Time Medication Required:

\_\_\_\_\_

Duration Medication Required:

\_\_\_\_\_

Any other relevant information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please read and sign below:

- I undertake to ensure that the school has adequate supplies of the medication/equipment.
- I undertake to ensure that the medication/equipment supplied by me and prescribed by my child's doctor is correctly labelled, in date, with storage instructions attached, and that the school will be informed of any changes.
- I understand that the medication/procedure will be carried out by a member of staff who has received appropriate training in accordance with the Local Education Authority Code of Practice.

I have read and understand the above.

Parent/Carer Name:

\_\_\_\_\_

Parent/Carer Signature:

\_\_\_\_\_

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