



Medication Consent Form

West Park School will not give your child medicine unless you complete and sign this form.

Our school has a policy that the staff can administer medicine as prescribed.

Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
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	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent Signature(s)	<input type="text"/>	Date	<input type="text"/>
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Office Use:	<input type="text"/>	Date	<input type="text"/>
Staff Member Signature	<input type="text"/>	Received	<input type="text"/>

Date for review / Expiry Date of Medication / Last Day to be Administered	<input type="text"/>
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