



Form C1 - Parental consent for school to administer medicine (Non Prescription)

The school will not give your child medicine unless you complete and sign this form. Under exceptional circumstances where it is deemed that the administration of non prescription medicine is required to allow the pupil to remain in school, the school will administer non prescription medication for a maximum of 48 hours. The medication cannot be repeated for 2 weeks after the initial episode and not for more than 2 episodes per term. Only one non prescription medication will be administered at a time. **All medication must be handed in to the school office.**

Name of school	Southway Junior School	Date:
Child's Name		Date of Birth:
Year Group / Class		
Medical Condition / Illness		
Name and strength of medicine (as described on the container)		
Expiry date		Keep refrigerated? Yes / No
How much to give (<i>i.e. dose to be given</i>)		
When to be given (<i>time</i>)		Self-administration? Yes / No
Special precautions / other instructions / side effects that school needs to know about		
Number of days for medication to be administered		Last dose to be given on:
Number of tablets / quantity provided		
Procedure to take in an emergency		

Note: All medication should be clearly labelled with your child's name and class. It must be in its original packaging (with the manufacturers patient information leaflet), be suitable for the pupils age and have been administered to the child in the past without adverse effect. Medication that is sucked, i.e. cough sweets/lozenges will not be administered by the school.

Name of emergency contact	
Phone number of emergency contact	
Name / relationship to child	
Name and phone number of GP	

- I accept that this is a service that the school is not obliged to undertake.
- The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school 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.

Signature _____ (parent/carer) Please print name _____

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