



Headteacher: Mr P Newbold

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

The school will not give your child medicine unless you complete and sign this form. Medication must be prescribed by a GP, labelled in the name of the child and the dosage must be **at least four times a day**. If more than one medicine is to be given a separate form should be completed for each one. **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.e. dose to be given)		
When to be given (time)		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: Medicines must be in the original container as dispensed by the pharmacy and the manufacturer's instructions and/or Patient Information Leaflet (PIL) must be included. Medication should be handed in to the school office and be clearly labelled with the child's name and class.

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

- o I accept that this is a service that the school is not obliged to undertake.
- o 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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