

Appendix A: Medicine Consent Form (April 2017)

Hathern CE Primary School Medicine Consent Form			
Child's name and class			
Child's date of birth			
My child has been diagnosed as having (condition)			
He/she is considered fit for school but requires the following medicine to be given during school hours			
Name of medicine			
Dose required			
Time/s of dose			
With effect from [start date]		Until [end date]	
The medicine should be taken by (mouth, nose, in the ear, other: please provide details as appropriate)			
By signing this form I confirm the following statements:			
<ul style="list-style-type: none"> • That my child has taken this medicine or at least two doses of this medicine before and has not suffered any adverse reactions. 			
<ul style="list-style-type: none"> • That I will update the school with any change in medication routine use or dosage 			
<ul style="list-style-type: none"> • That I undertake to maintain an in date supply of the medication 			
<ul style="list-style-type: none"> • That I understand the school cannot undertake to monitor the use of self-administered medication carried by my child and that the school is not responsible for any loss of/or damage to any medication 			
<ul style="list-style-type: none"> • That I understand the school will keep a record of medicine given and will keep me informed that this has happened. 			
<ul style="list-style-type: none"> • That I understand staff will be acting in the best interests of my child whilst administering medication and are acting entirely voluntary in doing so. 			
<i>I consent for my child to be supervised in the administration of the medicine as indicated.</i>			
Signed (parent/carer)			
Name (please print)			
Contact details			
Date			
Staff member signature			
Name (please print)			
Date			

