APPENDIX 1

MEDICATION CONSENT FORM (to be filed in Medication Administration Record File)

The school/setting will not give your child any medication unless you complete and sign this form and the Headteacher/Head of Setting has confirmed that school staff have agreed to administer the medication.

DETAILS OF PUPIL

Surname: .....

Forename (s): .....

Address: ..... M/F: .....

..... Date of Birth: .....

..... Class/Form: .....

Reason for medication (optional): .....

CONTACT DETAILS:

Name: ..... Daytime Contact Telephone No: .....

Relationship to Pupil: .....

Address: .....

I understand that the medication must be delivered by a responsible adult to an authorised/appointed person in school and accept that this is a service which the school is not obliged to undertake

Date: ..... Signature (s): .....

MEDICATION

Name/Type of Medication (**as described on the container)** .....

For how long will your child take this medication: .....

Date dispensed: .....

FULL DIRECTIONS FOR USE:

Dosage and amount (**as per instructions on container):** .....

Method: .....

Timing: .....

Special Precautions: .....

Self-Administration: .....

a) I would like/would not like (**please delete accordingly**) my son/daughter to keep his/her asthma inhaler with him/her to use as necessary.

b) I would like/would not like (**please delete accordingly**) my son/daughter to keep his/her medication on him/her for use as necessary:
(please note that this option excludes Methylphenidate (e.g. Ritalin, Equasym) and applies only to pupils of secondary age)