



Parental Consent for Administration of Medication

- Students are not permitted to carry their own medication in school unless it is in the category of life-saving medication (see Section C). Students must not carry their own analgesics (painkillers) or any other medication.
- The school will not dispense medicine to any child unless this form has been completed and signed by a parent, carer or General Practitioner.
- All medication must be clearly labelled with the student's name, date of birth, tutor group and dosage.

Details of Student

Surname		Forename	
Tutor Group		Date of Birth	
Address			

Section A: Details of Medication

	Medication 1	Medication 2	Medication 3
Condition of illness (or requirement for medication)			
Name/type of medication (as described on the container/box)			
For how long will your child take this medication?			
Date dispensed			
Expire date of medicine			
Dosage			
Method of administration (eg. By mouth, injection)			
Times to be given			
Special precautions			
Possible side effects			
Is the medication to be self administered by your daughter? (State Yes or No)			
Name of GP or prescribing doctor			
Procedures to take in an emergency			

Section B: Declaration by Parent or Carer allowing School to administer medication

- I understand that I or my daughter must deliver the medicine personally to the school First Aider and that it will be kept in a locked cupboard in the First Aid Office.
- I accept that there is no legal duty requiring school staff to administer medication therefore it should be noted that this is a service that the school is not obliged to undertake.
- I give my consent for the nominated member of St Edmund’s School staff to administer the above medication to the above named student.
- I understand that medication supplied must be suitable for use and within date.
- I understand that if my child vomits or spits out the medication given, the dose will not be repeated.
- I confirm that I will notify St Edmund’s School of all changes in circumstances and/or any relevant information

Signature		Date	
Name (please print)		Relationship to student	
Address (if different to student’s)			
Daytime telephone number			

Section C: Declaration by Parent or Carer to allow Student to Carry Life-Saving Medication

This is applicable only to life-saving drugs such as asthma relief medication (Inhalers), Epipens and insulin.

Students are not permitted to carry analgesics (painkillers) or any other medication.

- I would like my daughter to keep her medication with her at all times for use as necessary. She will self-administer the medication which I have described in Section A. I understand that medication supplied must be suitable for use and within date and I confirm that I will notify St Edmund’s School of all changes in circumstances and/or any relevant information.

Signature		Date	
Name (please print)		Relationship to student	
Address (if different to student’s)			
Daytime telephone number			

For Office Use only:

Date received by First Aider		Time received	
Signature of First Aider		Name of First Aider (please print)	