



Medication Consent Form

Parental agreement for School/setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form and the school or setting has a policy that staff can administer medicine

Name of School/Setting: _____

Name of Child: _____

Date Of Birth: _____

Group/Class/Form: _____

Medical condition/illness: _____

Medicine:-

Name/Type/Quantity of Medicine (as described on the container):	
Date dispensed:	
Expiry date:	
Agreed review date to be initiated by (name of member of staff):	
Dosage and method:	
Timing:	
Special Precautions:	
Are there any side effects that the school/setting should know about?	
Self Administration:	Yes/No (delete as appropriate)
Procedures to take in an emergency:	