



Burbage Primary School
Building Confidence; Inspiring Achievement

Administration of Medication

Parental Consent Form (1)

Medication to be administered within school

Prior to completing this form please read Burbage Primary School's Policy for Administration of Medication.

Burbage Primary School will not administer medication to your child unless you complete and sign this form.

Medication is only administered at first break or lunch time

All medication must be in the original container as dispensed by the pharmacy, complete with dosage instructions, procedure for administering and utensils (spoon/syringe).

Medication to be administered short term/long term (delete as appropriate)

1. Short term- how many days?
2. Long term- in accordance with a Health Plan? Yes/No
Review date for medication required? Yes/No

Please complete:-

- Child's name _____
- Date of Birth _____
- Year Group _____
- Class Teacher _____
- **Medical condition or illness** _____

Medicine

- Name/type of medicine/strength (as described on the container)

- Date dispensed _____
- Expiry date _____
- Dosage and method _____
- Timing (first break or lunchtime) _____
- Special precautions _____
- Any other instructions _____

- Quantity of medication or number of tablets given to school _____

- Are there any side effects of the medication that the school needs to be informed about? _____
- Procedures to take place in an emergency _____

- **Self Administered- Yes/No** (delete as appropriate)

Contact Details -First Contact

- Name _____
- Relationship to child _____
- Daytime telephone number _____
- Mobile telephone number _____
- Address _____

Contact Details –Second Contact

- Name _____
- Relationship to child _____
- Daytime telephone number _____
- Mobile telephone number _____
- Address _____

Medical Contact

- Name of GP _____
- Name of GP's Practice _____
- Address of GP's Practice _____

- Telephone number of GP's Practice _____

Completed by _____

Relationship to child _____

Date _____

- The above information is, to the best of my knowledge, accurate at the time of writing
- I give consent to Burbage Primary School to administer medicine to my child in accordance with the School's Policy of Administration of Medication
- I have read and understood Burbage Primary School's Policy of Administration of Medication and will comply by it
- I will inform Burbage Primary School immediately, in writing, if there are any changes in dosage or frequency of the medicine or if the medicine is stopped

- I understand that I must deliver and collect medicine personally to the school office
- I accept that this is a service that Burbage Primary School is not obliged to undertake
- I understand that I must notify Burbage Primary School immediately in writing of any changes in the contact details given

Signature _____

(to be completed by school)

Authorisation

Authorisation is given for (child's name) _____

To be administered with (type of medicine) _____

Time to be administered at _____

For how long? _____ Is a review date needed? Yes/No

Administered by: - _____

Signed _____ Date _____

Mr A Tierney

Headteacher

Burbage Primary School