



## Grovelands CP School Medical Parental Consent Form



**To be completed by the Parent/Carer of any child to whom drugs may be administered under the supervision of a trained member of school staff. The school will not give your child medicine unless you complete and sign this form.**

Name of child:	Year/Class:	Date of birth:	Medical condition or illness:
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**NB: Medicines must be in the original container as dispensed by the pharmacy.**

I understand that I must deliver the medicine personally to the main office and a separate form must be completed for each medicine.

Name/type of medicine: <i>(as described on the container)</i>		Expiry date:	Timing:
Dosage and method:	Self-administration – yes/no	Special precautions/other instructions:	
Are there any side effects that the school/setting needs to know about?		Last day on which the school should administer this medicine:	
Parent/Carer signing in medication:  Print name:	Staff signing Medication:  Print name:	Date signing in Medication:	<b>Please ensure that all medication is signed out from the office, on the last day, of which the school is administering this medicine.</b>

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school staff administering medicine in accordance with their policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped. I understand that it may be necessary for this treatment to be carried out during educational visits and other out of school activities, as well as on the school premises. **I undertake to supply the school with the drugs and medicines in properly labelled containers.** I accept that whilst my child is in the care of the school, the school staff stand in the position of the parent/Carer and that the school staff may therefore need to arrange any medical aid considered necessary in an emergency, but will be told of any such action as soon as possible.

Signature \_\_\_\_\_

Date \_\_\_\_\_