



**MEDICATION CONSENT / INFORMATION FORM**  
**FOR MEDICATION TO BE GIVEN IN SCHOOL**

Student's name:	Name of family doctor:
Address:	Address:
Date of Birth:	Name of consultant (if appropriate):

I ..... parent / guardian of the above named student give my consent for the school nurse / school staff / care staff to administer the following medication in accordance with the school's Administration of Medicines Policy and for this information to be shared with those staff who will be caring for the student and therefore may need to know the following details.

<b>Name of medication</b> (eg Epilim, Aripiprzone, ...)	<b>Strength of medication</b> (eg 50mcg, 1mg/ml, ...)	<b>Dose to be given</b> (eg 1x tablet, 10ml, ...)	<b>Time(s) to be given</b> (eg 8.00am, 5.00pm, ...)	<b>How to be given</b> (eg spoon, orally by syringe, applied to skin, ...)	<b>Any other information or instructions</b>

The above information is, to the best of my knowledge, accurate at the time of writing. I understand that I have the responsibility to inform the school immediately, **in writing**, if there is any change in dosage or frequency of administration of the medication and to provide the appropriate medication for the school to administer (see overleaf – note 4).

Signature of parent / guardian ..... Date .....

Name of parent / guardian (**please print**) .....

**(Please see overleaf)**

**Information for parents / guardians**

**(PLEASE READ)**

**Below are a few very important points to remember regarding the administration of medication in school.**

For medication to be given in school:

1. Written consent on the form supplied by school (overleaf) **must** be given by a person with parental responsibility for the student.
2. A new form is required each time there is any change to the student's medication or the way in which it is administered.
3. Details on the consent form must be completed by the person signing the form and must clearly show
  - the name and strength of the medication
  - the dose to be given
  - the time to be given (as advised by your doctor)
4. Medication sent into school must be
  - in its original container and within any expiry date
  - clearly labelled with the student's name
  - clearly labelled with the name of the medication
  - clearly labelled with the strength of the medication
  - clearly labelled with the dose to be given, how often and at what time
  - clearly labelled with the date it was dispensed

**This information must be printed on a label provided by the pharmacist at the time the medication was dispensed and there must be a separate label for each bottle or box.**

5. Only medication prescribed by a doctor can routinely be given in school.
6. **All medication sent into school must be handed to the student's bus guide / taxi escort and not put in the student's school or overnight bag**

If you have any queries or concerns then please do not hesitate to contact us at school.

We will be happy to answer any of your questions.

Thank you for your co-operation.