

Parental Consent Form A Prescribed Medication

SECTION A parent / carer to complete	
Pupil name :	Date of birth :
Medical conditions :	
Allergies :	

SECTION B parent / carer to complete	
Name of medication :	
Date prescribed :	
Condition prescribed for :	
Dose :	Time :
Method :	Self-administration : YES / NO
Procedure for an emergency :	
Has your child previously taken this medication without any adverse reaction : YES / NO	
Previous adverse reactions :	

SECTION C parent / carer to complete	Initial to confirm
Medication in its original packaging :	
Prescription sticker is attached to box, bottle or packet:	
Instruction leaflet enclosed:	
I understand I must deliver medication personally to escorts or school staff:	

SECTION D parent / carer to complete	
The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I confirm that this medication has been administered to my child in the past without adverse effect. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.	
Name :	Relationship to child :
Signature :	Date :

SECTION E school leadership team to complete	
I agree that the school will administer this medication in line with the details provided	
Name :	Position :
Signature :	Date :