

## Parental Consent Form C

### Non Prescribed Medication

(excluding paracetamol, ibuprofen, anti-histamine)

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

<b>SECTION B</b> parent / carer to complete	
Name of medication :	
Condition Medication is taken 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 :	

<b>SECTION C</b> parent / carer to complete	Initial to confirm
Medication in its original packaging :	
Instruction leaflet enclosed:	
I understand I must deliver medication personally to escorts or school staff:	

<b>SECTION D</b> 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 :

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

## Individual Protocol for non-prescribed medication

Under exceptional circumstances where it is deemed that their administration is required to allow the pupil to remain in school the school will administer non-prescription medicines (for example, cough mixture, non-prescribed creams, travel sickness, decongestant) for a maximum of 48 hours.

<b>SECTION A</b> parent / carer to complete	
I agree that the medical information contained in this plan may be shared with individuals involved with my child's care and education.	
I am aware that each day I must inform the school when I last administered the medication and that I will be informed by the school in writing when medication has been administered.	
<b>Name :</b>	<b>Relationship to child :</b>
<b>Signature :</b>	<b>Date :</b>

<b>SECTION B</b> parent / carer to complete
3 main side effects of medication as detailed on manufacturer's instructions or PIL
1.
2.
3.

Date (requirement reviewed daily)	Time last dose administered at home as informed by parent/guardian	Dosage given in school	Time	Comments
Day 1				
Day 2				
Day 3				

Emergency procedures – if the pupil develops any of the signs or symptoms mentioned above or any other signs of reaction as detailed on the manufacturer's instructions and / or PIL this might be a sign of a negative reaction or if it is suspected that the child has taken too much medication in a 24 hour period staff will call 999 and then contact the parent/guardian(s).