



Richardson Endowed Primary
Parental consent for School to administer Medicine

Note: Medicines must be in the original container as dispensed by the pharmacy.

The school will not give your child medicine unless you complete and sign this form and has a policy that staff can administer prescribed medicine and staff consent to do this.

Child's Name: Date of Birth:

Class/Year:

Medical diagnosis/ condition:

Describe medical needs and give details of child's symptoms:

.....

Daily care requirements (e.g. before sport/at lunchtime)

.....

Start date to give medicine in school:

Last date to give medicine in school:

Medicine to be administered:

Date dispensed: Expiry date:

Dosage: Time:

Contact details – First contact:

Name: Tel number:

Relationship to Child:

Second contact:

Name: Tel number:

Relationship to child:

Name of GP and Practice:

.....

Tel number:

Are there any side effects that the school should know about?

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.....

Describe what constitutes an emergency for the child and the action to take if this occurs:

.....

.....

I understand that I must deliver and collect the medicine personally to the school office

The above information is to the best of my knowledge accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school 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.

Signed: Print name:

Date: