Appendix D

Parental Consent Form

To be completed by the parent/carer of any child to whom drugs may be administered under the supervision of school staff

If you need help to complete this form, please contact the School or the Health Visitor attached to your doctor's surgery.

Please complete in block letters

Name of Child:.....

Date of Birth: .....

Address.....

.....

Medical
Diagnosis/Condition/illness: .....

Date: .....

Class/Form:.....

Review Date: .....

Doctor's Name:.....

Doctor's telephone number:.....

The Doctor has prescribed (as follows) for my child:

a) Regularly:

Name of Drug or Medicine:

How often (e.g.; Lunchtime? after food):

How much (e.g.; half a teaspoon? 1 tablet?) to be given:

Medication storage:

b) In special circumstances: (here describe what circumstances, and the nature and dosage of the prescribed medication or treatment)

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A separate form must be completed for each medicine.

I accept that I must deliver the medicine personally to (agreed member of staff). The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school/setting/early year's setting staff administering medicine in accordance with their policy. I will inform the school/setting/setting 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/setting activities, as well as on the school/setting premises.

I undertake to supply the school/setting with the drugs and medicines in properly labelled containers.

I accept that whilst my child is in the care of the school/setting, the school/setting staff stand in the position of the parent and that the school/setting staff may therefore need to arrange any medical aid considered necessary in an emergency, but I will be told of any such action as soon as possible.

Signed:
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Date: .....