

Medication Consent Form

Members of school staff cannot administer medicine until this form is completed. All medication must be in original containers and be within their expiry date. Medication will only be kept in school until the end of the academic year or until the last dose has been given. You will be required to complete a new form for any further medication being brought into school.

Name of child: _____ Tutor Group: _____

I give permission for a member of school staff to administer the following medication to my child:

Name of Medication: _____

Medication Expiry date: _____

How much medication (dose): _____

When: _____

Reason for needing medication: _____

Ongoing until further notice / or period of time: _____

Possible side effects: _____

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Furze Platt Senior School staff to administer medicine in accordance with the school policy. I will inform the school immediately, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signed: _____ (Parent / Carer)

Printed Name: _____ Date: _____