

SOP 1 Special School Nursing - Administration of Medication in Special Schools

Special School Nursing
Consent Form – Administration of ACUTE Medication in Special Schools (e.g. antibiotics, steroids etc)

Appendix 2

Name of Child: Group/Class/form:
D.O.B

Name of parent/Carer:

Contact details of parent/Carer:

GP Name /Surgery and Contact Details:

Allergies (Please give details of type of reaction e.g. vomiting, rash):

Please list all medication your child is currently prescribed on a regular basis: (including emergency medication such as inhalers or buccal midazolam)

Name and Strength of Medication	Dose	Frequency (How many times a day) and any other special instructions eg.take with food	How long is the course of medicines to continue?

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Approval of Procedure			
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