THE CRYPT SCHOOL

Parental Consent Form for School to administer medicines

Please complete, sign and return this form to the School's main reception should you wish for prescription medicines to be taken during school hours. This includes medicines such as inhalers and adrenaline autoinjector pens (AAIs).

Medicines must be in their original container as dispensed by the pharmacy.
If there are any changes to the medication, ie, name/type/dosage - please complete and return an updated form.

Student Information:

Name of Student	
Student DoB	
Student Form Group	
Medical condition or illness	

Medicine:

Name of Medicine	
Type of medicine	
Dosage and method of taking	
Frequency of medication to be taken	
Time Medication to be taken	
How long will the medication be taken for	
Special precautions / instructions	
Can the student self administer?	YES / NO

Emergency Procedure:

Procedure to take in an emergency	

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Parent/Carer Contact Details:

Parent/Carer Contact Name	
Daytime Telephone Number	
Relationship to Student	
Address	

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 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.

Parent/Carer Signature	
Relationship to Student	
Printed Name of Signatory	
Date	

For Office / First Aid Use Only

Date Form Received	
Form Processed	
Medication Received in Correct Packaging	
Medication Correctly stored	

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DATE	TIME	DOSE	FIRST AIDER

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DATE	TIME	DOSE	FIRST AIDER