



Medicine Consent Form	
Child's name and form	
Child's date of birth	
My child has been diagnosed as having (<i>condition</i>)	
Is considered fit for school but requires the following medicine to be given during school hours	
Name of medicine	
Dose required	
Time/s of dose	
With effect from [start date]	
Until [end date]	
The medicine should be taken by (<i>mouth, nose, in the ear, other: please provide details as appropriate</i>)	
I consent/do not consent for my child to take the medicine by him/herself and therefore kindly request/do not request that you arrange for the administration of the above medicine as indicated. (<i>Please delete as appropriate</i>)	
I consent/do not consent for my child to carry his/her own medicine and therefore kindly request/do not request the school to store it on his/her behalf. This medicine does/does not need to be kept in a fridge. (<i>Please delete as appropriate</i>)	
By signing this form, I confirm the following statements:	
<ul style="list-style-type: none"> • That my child has taken this medicine or at least two doses of this medicine before and has not suffered any adverse reactions. • That I will update the school with any change in medication routine use or dosage. • That I undertake to maintain an in-date supply of the medication. • That I understand the school cannot undertake to monitor the use of self-administered medication carried by my child and that the school is not responsible for any loss of/or damage to any medication • That I understand the school will keep a record of medicine given and will keep me informed that this has happened. • That I understand staff will be acting in the best interests of my child whilst administering medication. 	
Signed	
Name (please print)	
Contact details	
Date	
Staff member signature	
Name (please print)	

