

Parental Consent for Pupil to Self Administer Medicine FORM C2

HIGHFIELD PRIMARY SCHOOL

PARENTAL CONSENT FOR PUPIL TO SELF ADMINISTER PRESCRIBED MEDICINE

To allow your child to self-administer medicine you must complete and sign this form in line with school policy which can be found on our website <https://www.highfieldprimary.co.uk/>.

PUPIL DETAILS

First Name(s):	
Surname:	
Date of Birth:	
Class:	
Male/Female (delete as appropriate)	
Condition or Illness:	

DETAILS OF PRESCRIBED MEDICINE

Medicines must be in the original container as dispensed by the pharmacy.

Name/Type of Medication (as described on the prescription label and container)	
Expiry Date:	
Storage Instructions:	
For how long will your child take this medication?	
Dosage and Method:	
Timing:	
Special precautions/other instructions:	

Are there any side effects that the school/setting needs to know about?	
Does the self-medication need to be administered with a member of staff present?	
Procedures to take in an emergency:	
Name and number of GP:	

Parents are responsible for collecting their child's medicine from the medical room at the end of the school day.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent for my child to self administer their medication.

I'll Inform the school immediately, in writing, if there is (a) any change in dosage or frequency of the medication or (b) if the medicine is stopped and my child no longer needs to self-administer.

I accept that the school shall not be liable for any adverse consequences that may arise as a result of it undertaking this service

Signed: _____ Date: _____

Relationship to child: _____

Member of staff: _____ Date: _____

