

Parental Consent for School to Administer Medicine FORM C1

HIGHFIELD PRIMARY SCHOOL

PARENTAL CONSENT FOR SCHOOL TO ADMINISTER PRESCRIBED MEDICINE

Highfield will not give your child prescribed medicine, unless you complete and sign this form, in line with the 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?	
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.

I give consent for Highfield Primary School to administer the above prescribed medication to my child, as detailed above.

I accept that the administration of medication is a service which Highfield is not obliged to undertake and although the school will make every effort to ensure that my request is met, I understand that ultimately, it is my responsibility to ensure my child knows to come to the Welfare Room at the required time to take the medicine detailed above.

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 it.

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: _____

