

<b>Should this medicine be with the child at ALL times?</b>	
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### Administration of Emergency Medicine Consent Form. (Long term)



The school will not administer medicine to your child unless this form is fully completed and signed.

**N.B – medicines must be in the original container with label as dispensed by the pharmacy**

Name of child			
Date of birth		Year group	
Medical condition / illness			

Medicine \_\_\_ of \_\_\_:

Name / type of medicine (as described on container)	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school should know about?	
Self-administration ?	Yes/No
Procedures in an emergency	

Contact details:

Contact Name	
Relationship to child	
Daytime telephone number	
Address	
I understand I am responsible for ensuring the medicine is handed into the school office.	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately in writing if there are any changes in dosage or frequency of the medication or if the medication is stopped.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_