

ADMINISTRATION OF MEDICATION IN SCHOOL – PARENTAL CONSENT FORM

- Medication must be in the original packaging and a Parental Consent Form completed
- Prescription medication will only be administered if it is in the original packaging clearly marked with the pupil's name and instructions for administering
- Please ensure medications are in date. Any expired medication will automatically be disposed of if not collected
- Asthmatic pupils should carry an inhaler with them and can keep a spare inhaler in the Medical Office if required

Pupil's name: _____ Year/Reg/Class: _____ Date of birth: _____

My child requires the following medication:

Name of medication	Expiry Date	Dosage	Timings

- My child will collect their medication at the end of each day
- My child will leave their medication in the school medical office

For non-prescribed medication, please state when the medication can be given and for what reason.

I request that this medication be given in accordance with the above information, supervised by a member of school staff. I give permission for this medication to be administered during out of school activities, where necessary. I accept that whilst my child is in the care of the school, the school staff stand in the position of the family and may need to arrange medical aid if considered necessary in an emergency situation. I understand that I will be notified of any such action as soon as possible.

Signed _____

Date _____

If you need help to complete this form, please contact the School Medical Office

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