



Streetsbrook Infant & Early Years Academy

CONSENT FORM TO ADMINISTER MEDICINES IN SCHOOL/CHILDCARE

The Academy/ Childcare setting staff will not give any medication unless this form is completed and signed. All medicines **MUST** be prescribed and the medication be provided in the prescribed container. Staff cannot administer unknown, non-prescribed medication. The medication also needs to show on the prescription that it is necessary to administer within the time the child is at school (ie four times a day). Staff will ensure this medicine is taken on school trips/visits if necessary.

Dear Headteacher/Childcare Manager

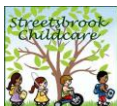
I request and authorise that my child *be given/gives himself/herself the following medication:
(*delete as appropriate)

Name of child:		DOB:		Class:	
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Address			
Daytime Tel no(s)			
Name of Medicine:			
Medical condition for prescribed medication:			
Special precautions e.g. take after eating:			
Are there any side effects that the school/setting needs to know about?			
Time of Dose:		Dosage:	
Start Date		Finish Date	

This medication has been prescribed for my child by the GP/other appropriate medical professional whom you may contact for verification.

Name of medical professional:	
Contact telephone number:	



Is a further dose required at Childcare?	Breakfast Club ☐	After school Club ☐
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I confirm that:

- It is necessary to give this medication during the school/setting day
- I agree to collect it at the end of the **day/week/half term** (delete as appropriate)
- This medicine has been given without adverse effect in the past.
- The medication is in the original container indicating the contents, dosage and child's full name and is within its expiry date

Signed (parent/carers)		Date	
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CONSENT TO ADMINISTER MEDICATION

Office use:

The Medication will be kept in(room)

The medication needs refrigeration Yes ☐ No ☐

The medication is for a period of to

The medication will be administered by:

Medicine named

Teacher notified

Lunchtime staff notified

.....

If this is long term medicine
has it been entered on
master First Aid list

.....

Signed

Date

Streetsbrook Childcare:

Medication received by Childcare. Childcare Staff Signature

Form received by Childcare: Childcare Staff Signature

Administered:

Date	Time	Dose	Staff member Sig	Parent Signature