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:**	

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 ☐

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/carer)		**Date**	

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