



**Coppice Primary School Consent Form to Administer Medicines on School site and off-site activities**

School staff will not give your child medication unless this form is completed and signed.

Dear Head teacher

I request and authorise that my child be given the following medication:

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Name of child		Date of birth	Class
Address Daytime Tel no(s)			
Medical Condition or Illness, and reason for medication			
Name of medicine:			
Special precautions e.g. take after eating	N.B Medicines must be in their original container, and clearly labelled		
Are there any side effects that the school needs to know about			
Time of Dose		Dose	
Start Date		Maximum Dose (if applicable)	
Finish Date			

I confirm that:

- I have received medical advice stating that it is, or may be in an emergency, necessary to give this medication to my child during the school day and during off-site school activities;
- I agree to collect it at the end of the day/week/half term (delete as appropriate) and replace any expired medication as soon as possible, disposing of any unused medication at the pharmacy;
- This medicine has been given without adverse effect in the past/ I have made the school aware any side effects that my child is likely to experience, and how the school should act if these occur (delete as appropriate);
- The medication is in the original container labelled with the contents, dosage, child's full name and is within its expiry date; and
- 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 and my child's Care Plan. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signed (parent/Carer)
Date
Based on the above information the Head Teacher acknowledges that it is, or may be, necessary for your child to be given medication during school hours
Signed (Headteacher/Deputy Headteacher)