



# BROUGHTON PRIMARY SCHOOL

## **MEDICATION CONSENT FORM (to be filed in Medication Administration Record File)**

The only medications which can be administered by staff in schools are those prescribed for a pupil, following a written request from a parent/carer and where the Headteacher/Head of Setting considers it appropriate.

The school/setting will not give your child any medication unless you complete and sign this form and the Headteacher/Head of Setting has confirmed that school staff have agreed to administer the medication.

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### **DETAILS OF PUPIL**

Surname: .....

Forename (s): .....

Address: ..... M/F: .....

..... Date of Birth: .....

..... Class: .....

Reason for medication (optional): .....

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### **CONTACT DETAILS:**

Name: ..... Daytime Contact Telephone No: .....

Relationship to Pupil: .....

Address: .....

I understand that the medication must be delivered by a responsible adult to an authorised/appointed person in school and accept that this is a service which the school is not obliged to undertake

Date: ..... Signature (s): .....

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### **MEDICATION**

**N.B. Medication must be collected from the office at the end of the school day**

Name/Type of Medication (as described on the container) .....

For how long will your child take this medication: .....

Date dispensed: .....

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### **FULL DIRECTIONS FOR USE:**

Dosage and amount (as per instructions on container): .....

Method: .....

Timing: .....

Special Precautions: .....

Self-Administration: .....

Medication Administration Record

**Pupil's Name:** \_\_\_\_\_

**Class:** \_\_\_\_\_

**Medication:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Time to be given:**  
(check prescribing label)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date cancelled:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Controlled medication e.g. Ritalin received:**  
(Give date(s) and number of tablets) \_\_\_\_\_

**Review date:** \_\_\_\_\_

Medication Given	Date	Time	Signature	Print Your Name	Verifying signature

**Note1: Controlled medication e.g Ritalin must be measured or counted on receipt and recorded above.**

**Note 2: it is important that there is a minimum 4-6 hours gap between doses of paracetamol based medication. If unsure contact should always be made with parents before administering**