



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. Commercially available medications, such as painkillers, antiseptics, will also be administered by staff in schools to pupils.

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.

DETAILS OF PUPIL

Surname:

Forename (s):

Address: M/F:

..... Date of Birth:

..... Class:

Reason for medication (optional):

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):

MEDICATION

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

For how long will your child take this medication:

Date dispensed:

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