

Appendix 1

**MEDICINES CONSENT FORM**



To: Miss Newman, Headteacher of Barwell C of E Academy

**Full Name of Child** ..... **Class**.....

**DOB:** .....

My child has been diagnosed as having/is suffering from:

.....**(name of condition)**

My child is allergic to.....

They have been considered fit for school but require the following prescribed medicine to be administered during school hours:

.....**(name of medication)**

**I confirm that my child has previously taken this medication with no adverse reactions.**

Please administer the medication above

**(dosage)** ..... **at**.....**(time)**      **Strength of medication:** .....

.....**(intervals if needed)**

**With effect from**.....**Until** ..... (or advised otherwise).

The medicine should be administered by **mouth/in the ear/nasally/other**.....

I undertake to update the school with any changes in medication routine use or dosage.

I undertake to maintain an in date supply of the prescribed medication.

I understand that staff will be acting in the best interests of my child whilst administering the medicines.

**Signed:**..... **Date:**.....

**Name of parent** (please print).....

**Contact Details:**

Home.....Work:.....Mobile:.....