



Medication Consent Form

Medication should only be administered during school hours when it is necessary and the medication cannot be given before/after school.

Pupil's Full Name:
Date of Birth:

Name and strength of medication:	
Dose/Quantity (e.g. 5ml):	
Frequency (e.g. four times a day):	
Route (e.g. mouth):	
Reason for medication:	
Start date of medication:	End date of medication:
Time to be taken in school:	

I consent for a member of staff to administer my child's medication Yes <input type="radio"/> No <input type="radio"/>
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<input type="radio"/> I will drop my child's medication at the school office each day OR <input type="radio"/> I will provide medication to be stored and kept at school (please tick one only)
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INHALER USE ONLY: My child has been prescribed a Salbutamol inhaler and I give permission for them to use the school Salbutamol inhaler, in an emergency, if their inhaler is unavailable or broken Yes <input type="radio"/> No <input type="radio"/>

Name of parent/carer:
Relationship to child:
Emergency contact number:
Signed:
Date: