Consent form to administer medicines

The school/early years setting staff will not give any medication unless this form is completed and signed.

Dear Head teacher/setting lead or manager

I request and authorise that my child *be given/gives himself/herself the following medication: (*delete as appropriate)

Name of child		Date of birth	
Address Daytime Tel no(s)			
School/setting			
Class (where applicable)			
Name of medicine:			
Circle as appropriate:	Prescription ~~/ Over the counter~~		
Special precautions, e.g. take after eating			
Are there any side effects that the school/setting need to know about?			
Time of dose		Dose	
Start date		Finish date	

This medication has been prescribed for my child by the GP/other appropriate medical professional whom you may contact for verification (where applicable).

Name of medical professional	
Contact telephone number	

I confirm that:

- It is necessary to give this medication during the school/setting day
- I agree to collect it at the end of the day/week/half term (delete as appropriate)
- This medicine has been given without adverse effect in the past.
- The medication is in the original container indicating the contents, dosage and child's full name and is within its expiry date.
- The medication does not contain aspirin.

Signed (parent/carer)		Date	

Dudley Metropolitan Borough Council