

Consent Form for the Administration of Drugs

My child requires the following dose of medication to be administered within school.

| Times of day to be given or circumstances to be given | Dosage | Name of Medicine or Drug | Method of Drug Administration |
|---|--------|--------------------------|-------------------------------|
| | | | |

I give my consent for a member of staff to administer / supervise the administration of * **(delete as appropriate)** the above medicine/drugs. I understand that the same member of staff may not be available at all times and the medicine/drug may be administered by a different member of staff.

I undertake to deliver the correct medication to a member of staff, in a secure container/bottle, which will be administered according to my instructions above. The supply of medication must be kept in a secure location. In certain circumstances my child will take charge of his/her own medication.

I acknowledge that any staff involved in the administering or supervising the administration of anything medical in school are not qualified medical practitioners nor are they holding themselves out to be qualified medical practitioners.

I understand that the staff in the school will take reasonable care in the administration/supervision of administration of medicines in school and will endeavour to respond appropriately in all circumstances should emergency treatment be required.

Signed:
Parent/Guardian

Date: