

APPENDIX II

Consent Form to/for child to self administer medicine at school

CONSENT TO ADMINISTER MEDICINES

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

Dear Headteacher

I request and authorise that my child:

Name:..... Date of Birth:.....

Address:.....

..... Phone number:.....

to be given the following medication/give themselves the following medication

Name of medicine:..... At (state time):

Start date:..... Finish date:.....

This medication has been prescribed for my child by:-

Name of GP:.....whom you may contact for verification. I have confirmed that it is necessary to give this medicine during school day.

The medication must be clearly labelled indicating the contents, dosage and child's full name.

Signed:.....(Parent/Guardian) Date:.....