Grange Junior School

Administration of Medicine – Parental Consent Form

The school will not give your child medicine unless you complete and sign this form, the school has a policy that staff can administer medicine.

Name of Child	
Date of Birth	
Class	
Medical Condition or Illness	

Medicine

Name of Medicine & Strength *(as described on the container)*	
Expiry Date	
Dosage	
Time to Take	
Special Precautions/Other Instructions	
Are there any side effects that the school needs to know about?	
Self-Administration – Yes/No	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime Telephone Number	
Relationship to Child	
Address	
I understand that I must deliver the medicine personally to	School Office – Mrs Squibb and Mrs Urry

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s)_____ Date _____
(Parent/Carer with parental responsibility)