Hall Orchard Barrow CE Primary School (Academy) Administration of Medicines Consent Form

The school will only administer medication that has been prescribed for your child to be taken four times a day. We will also administer medication such as Calpol if approached by parent and a consent form is completed.

Name of child				
Nature of illness				
Name of medicine				
Start date				
End date				
Time of administration				
The medicine should be administered by	Mouth/in the ear/ nasally/ other			
As the parent career of the above named child I understand the all the staff are acting voluntarily in administering medicines and have the right to refuse to administer medication.				
I understand that the school staff cannot undertake to monitor the use of inhalers carried by children and that the school is not responsible for the loss or damage to any medication.				
I undertake the responsibility to update the school with any changed in administration for routine emergency medication and to maintain an adequate supply of the medication required, within the expiry date.				
Signed		Date		
Print Name	Emergency contact No			
Date of administration	Time of administration	Signature of staff member administering medication		
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Date of administration	Time of administration	Signature of staff member administering medication