

## Appendix 2

SENCo		Sys Man		Office Man	
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### **MEDICATION CONSENT FORM**

(To be filed in Medication Administration Record File)

We will not give your child any medication unless you complete and sign this form and the Headteacher has confirmed that school staff have agreed to administer the medication.

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#### **DETAILS OF PUPIL:**

Surname: \_\_\_\_\_

Forename(s): \_\_\_\_\_

Address: \_\_\_\_\_

M/F: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

\_\_\_\_\_

Class: \_\_\_\_\_

Reason for medication (optional): \_\_\_\_\_

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#### **CONTACT DETAILS:**

Name: \_\_\_\_\_

Daytime Contact Tel No: \_\_\_\_\_

Relationship to Pupil: \_\_\_\_\_

Address: \_\_\_\_\_

I understand that the medication must be delivered by a parent/carer to an authorised/appointed person in school.

Date: \_\_\_\_\_

Signature(s): \_\_\_\_\_

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#### **MEDICATION 1**

Name/Type of Medication (**as described on the container**) \_\_\_\_\_

For how long will your child take this medication? \_\_\_\_\_

Date dispensed: \_\_\_\_\_

#### **FULL DIRECTIONS FOR USE:**

Dosage and amount (**as per instructions on container**) \_\_\_\_\_

Method: \_\_\_\_\_

Timing: \_\_\_\_\_

Special Precautions: \_\_\_\_\_

Self-Administration: \_\_\_\_\_

I would like/would not like (**please delete accordingly**) my son/daughter to keep his/her asthma inhaler with him/her as necessary.

## MEDICATION 2

Name/Type of Medication **(as described on the container)**

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For how long will your child take this medication?

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Date dispensed:

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### FULL DIRECTIONS FOR USE:

Dosage and amount **(as per instructions on container)**

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Method:

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Timing:

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Special Precautions:

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Self-Administration:

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I would like/would not like **(please delete accordingly)** my son/daughter to keep his/her asthma inhaler with him/her as necessary.

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## MEDICATION 3

Name/Type of Medication **(as described on the container)**

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For how long will your child take this medication?

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Date dispensed:

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### FULL DIRECTIONS FOR USE:

Dosage and amount **(as per instructions on container)**

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Method:

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Timing:

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Special Precautions:

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Self-Administration:

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I would like/would not like **(please delete accordingly)** my son/daughter to keep his/her asthma inhaler with him/her as necessary.