



The college will not give your child medicine unless you complete and sign this form. The Head Teacher must also agree to permit and support any college staff who might volunteer to administer the medication with the appropriate training/instruction.

Parental Consent Form for Weston Point College to administer medicines

STUDENT NAME		MEDICAL CONDITION/ILLNESS
NAME OF DOCTOR/PRACTICE TELEPHONE NUMBER		
DOCTOR/MEDICAL NOTE RECEIVED - YES OR NO		
PARENT/CARER TELEPHONE NUMBERS		
CAN THE MEDICINE BE SELF-ADMINISTERED? – YES OR NO		
EXPIRY DATE		
DOSAGE		
METHOD		
TIMING OF DOSAGE		
HOW LONG WILL YOUR CHILD TAKE THIS MEDICINE FOR?		
SPECIAL PRECAUTIONS/OTHER INSTRUCTIONS		
ARE THERE ANY SIDE EFFECTS THE COLLEGE NEEDS TO KNOW ABOUT?		
PROCEDURES TO TAKE IN AN EMERGENCY		

PARENT/CARER DECLARATION:

I UNDERSTAND THAT I MUST DELIVER THE MEDICINE PERSONALLY TO THE HEAD TEACHER OR THE DESIGNATED TEACHER.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting 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.

NAME: _____

SIGNATURE: _____

RELATIONSHIP TO STUDENT: _____

DATE: _____

MEMBER OF STAFF TAKING RECEIPT OF MEDICATION:

NAME: _____

SIGNATURE: _____

STAFF ROLE: _____

DATE: _____