

### Administration of Medicines Consent

**The school will not give your child medication unless a parent or legal guardian has completed, signed and returned this form.**

#### Childs details

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

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

Date of birth: \_\_\_\_\_

Any Known allergies: \_\_\_\_\_

#### Medication details

Medication (name as described on container):  
\_\_\_\_\_

Dosage, time and method: \_\_\_\_\_

How many days required: \_\_\_\_\_

Condition or illness: \_\_\_\_\_

Special precautions, other instructions \_\_\_\_\_

Can they self-administer? YES NO

In the event of the emergency the Nurses should? \_\_\_\_\_  
\_\_\_\_\_

Are there any side effects the school needs to know about?  
\_\_\_\_\_  
\_\_\_\_\_

I hereby give permission for the school to administer the above medication as directed.

Parents name/legal guardian: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Contact number: \_\_\_\_\_

**Please be advised that all medications need to be clearly labelled and in date. Consent forms are only to be signed by child's parents or legal guardian (not housemaids or drivers).**