

## APPENDIX F

### Consent Form to Administer Medicines

The school/early years setting staff will not give any medication unless this form is completed and signed.

Dear Head teacher/setting lead or manager

I request and authorise that my child \*be given/gives himself/herself the following medication:  
(\*delete as appropriate)

<b>Name of child</b>		<b>Date of Birth</b>	
<b>Address</b>			
<b>Daytime Tel no(s)</b>			
<b>School/setting</b>			
<b>Class (where applicable)</b>			
<b>Name of Medicine:</b>			
<b>Special precautions e.g. take after eating</b>			
<b>Are there any side effects that the school/setting needs to know about?</b>			
<b>Time of Dose</b>		<b>Dose</b>	
<b>Start Date</b>		<b>Finish Date</b>	

This medication has been prescribed for my child by the GP/other appropriate medical professional whom you may contact for verification.

<b>Name of medical professional:</b>	
<b>Contact telephone number:</b>	

#### I confirm that:

- It is necessary to give this medication during the school/setting day
- I agree to collect it at the end of the **day/week/half term** (delete as appropriate)
- This medicine has been given without adverse effect in the past.
- The medication is in the original container indicating the contents, dosage and child's full name and is within its expiry date.

<b>Signed (parent/carer)</b>	
<b>Date</b>	





*Berkswell C of E School*  
**INHALER INFORMATION SHEET**

Child's Name:	Class:
Condition:	
Type of medication to be administered:	
Does child need to administer using a spacer device: <b>YES / NO</b>	
<b>Dosage</b> (ie number of puffs or sucks): .....	
<b>Frequency:</b> .....	
Any other relevant information:	
Permission to administer given by:	
.....Parent / Carer	