

CONSENT FORMS AND MEDICAL RECORDS

SECTION 1

PUPIL NAME-----

CLASS NO/TEACHER_____

DATE OF REQUEST_____

SECTION 2

PARENT CONTACT NUMBER_____

DAY TIME EMERGENCY
CONTACT NUMBER_____

PARENT OR CARERS NAME_____

SECTION 3

NAME OF MEDICATION_____

IS THIS MEDICINE

PRESCRIBED		NON - PRESCRIBED	
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CONDITION OR ILLNESS EG.
EAR INFECTION-----

DATE PRESCRIBED-----

DETAILS OF DOSAGE-----

TIME/FREQUENCY OF DOSAGE-----

DATE COURSE OF MEDICATION
FINISHES-----

SECTION 4

DECLARATION BY THE PARENT / LEGAL GUARDIAN

I consent to my child being administered the prescribed medicine in accordance with the information above. I understand that it is school policy not to force children to take their medicine if they refuse to do so. In the event of this occurring, the nominated contact will be notified.

I understand that the LEA, Governing Body of the school and the staff cannot accept responsibility for any adverse reaction my child may suffer as a consequence of being administered the prescribed medication at my request.

Signed-----Date-----

Relationship to the child-----