

THIS FORM SHOULD ONLY BE USED FOR PRESCRIBED MEDICINE

Nottingham University Samworth Academy



NOTTINGHAM UNIVERSITY
SAMWORTH ACADEMY

ADMINISTRATION OF DRUGS – CONSENT FORM

CHILD'S NAME:

Tutor group:

Date of birth:

Home address:

Name and strength of medication:

Expiry date:

How much to give (i.e. dose to be given):

When to be given:

Any other instructions:

Number of tablets to be given in school:

(Note – medicines must be in the original container as dispensed by the pharmacy)

Daytime phone number of parent or adult contact:

Name and phone number of G.P:

Agreed review date to be initiated by: (staff member)

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change of dosage or frequency of the medication or if the medicine is stopped.

Parent/carer's signature Date

Print name.....

IF MORE THAN ONE MEDICINE IS TO BE GIVEN A SEPARATE FORM SHOULD BE COMPLETED FOR EACH ONE

