|  |
| --- |
| **ADMINISTRATION OF MEDICATION CONSENT FORM** |
| **The school will not give your child medication unless you complete and sign this form.** **Please note that we will not normally administer a lunchtime dose of medicine if the child only has to take it 3 times a day, unless absolutely unavoidable.** |
| Name of child |  | Class |  |
| Parent’s mobile number |  |
| Name of medication (as described on container) |  |
| For how long will your child take this medication? |  |
| Dosage |  |
| Method of administration |  |
| Time(s) during school day to be administered (please circle)  | Morning (10.30am-11.00am)Lunchtime (11.45am-1.20pm)Afternoon – only if attending Kids Club (3.30pm) |
| Comments |  |
| **I understand that :-*** **The medication will be administered/supervised by an adult.**
* **This is a service which the school is not obliged to undertake.**
* **I must inform the school of any change of dose.**
* **The medication must be in the original container as dispensed by the pharmacy stating the child’s name on the pharmacy label.**
 |
| Name of parent/carer |  | Relationship to child above |  |
| Signed(parent/carer) |  | Date |  |