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| **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 | |  |