



Springwood
Campus



LINWOOD
TEACHING SCHOOL ALLIANCE



"Entitlement plus opportunity"

Linwood Campuses: Administration of Medication Consent Form

| | |
|--|--|
| Full Name of Child | |
| Date of Birth | |
| Any Known Allergies | |
| Name and address and telephone number of GP | |
| Name of medication to be given in school | |
| Dose and strength of medication | |
| Duration of course | |
| Reason for medication Is this a new medication? Y/N | |
| How long to be given for (Short-term or Long-Term?) | |
| Method of administration (Route) | <p>By mouth (oral) Eye drops Nasal Via gastrostomy Topical (applied to skin) Inhaler/Nebuliser Other</p> <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p>Please provide any further information here:</p> </div> |
| Any known side effects staff should be aware of? | |

Linwood Campuses: Administration of Medication Consent Form

| | | |
|--|----------------|--------------|
| <p>Medication must be given directly to the class staff or Transport Passenger Assistant</p> <p>Medication must come into school in its original packet with a pharmacy prescription label. <u>We CANNOT administer medication without this.</u> We require signed consent for ALL medication.</p> | | |
| <p>It is parent's responsibility to inform school of any changes to medication as soon as possible.</p> | | |
| <p>Please ensure all emergency contact details are up to date.</p> | | |
| <p>All unused or out of date medication will be sent home for disposal.</p> | | |
| <p>I consent for medication to be administered by an employee of Linwood School.</p> | | |
| <p>Please ensure school has up to date information regarding all your child's medical needs, treatments and therapies.</p> | | |
| Signed: | (Parent/Carer) | Date: |
| Print Name: | | |
| | | |
| <i>School Use Only:</i> | | |
| <i>Form received (name of staff member):</i> | | <i>Date:</i> |
| <i>MARS form completed or amended: YES/NO</i> | | |
| <i>Date form archived:</i> | | |