

## 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? <b>Y/N</b>		
How long to be given for (Short-term or Long-Term?)		
Method of administration (Route)	By mouth (oral) Eye drops Nasal Via gastrostomy Topical (applied to skin) Inhaler/Nebuliser Other	Please provide any further information here:
Any known side effects staff should be aware of?		

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All unused or out of date medication will be sent home for disposal.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