

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:		
To your knowledge is this a controlled drug?		
Strength of medication:		
Dose of medication:		
Time to be given in school:		
Reason for medication:		
Is this a new medication? Y/N		
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?		



<p>Please List here ALL Medication that is taken at Home for information only. (If you have recently completed this on another medication form and there are no changes please state here which one)</p>	
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<p>Medication must be given directly to the class staff or transport escort</p>
<p>Medication must come into school in its original packet with a pharmacy prescription label. 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All unused or out of date medication will be sent home for disposal.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>
<p>Print Name:</p> <p>Signed: (Parent/Carer) Date:</p>
<p>School Use Only:</p> <p>Form received by (Name of staff member):</p> <p>Date :</p> <p>MARS form completed: YES/NO</p> <p>Date form archived:</p>