

APPENDIX 4

ADMINISTERING MEDICATION: PARENTAL PERMISSION FORM			
PART A: DETAILS OF CHILD			
Surname		Forenames	
Address		M/F	
		Date of birth	
Reason for medication (condition/ illness)			
Does the child self administer? (please circle one)	YES	NO	
	(if yes please detail below further information and where the medication will be stored)		
PART B: CHILD'S MEDICATION DETAILS			
Name/type of medication (as described on the container)			
For how long will your child take this medication?			
When did your child last take this medication?			
Date dispensed			
Dosage and method			
Timing			
Special precautions			

Possible side effects		
Medication to be held by (please circle one)	CHILD	SCHOOL STAFF
Medication to be (please circle one)	SELF-ADMINISTERED BY CHILD	GIVEN BY SCHOOL STAFF
Procedures to take in an emergency		
Please detail any other medication that the child is currently taking		
Emergency contact details (two contacts <u>must</u> be provided)		
First contact		
Name		
Relationship to child		
Telephone/mobile number		
Other contact number		
Address		

Second contact		
Name		
Relationship to child		
Telephone/mobile number		
Other contact number		
Address		
I declare that my child has no adverse effects to this medication		
Signature (person with parental responsibility)	Date	
<i>I/We acknowledge that the above instructions will be carried out by a member(s) of staff who is authorised to administer the medication. We also accept responsibility to arrange for the collection of unused medication at the end of each school year.</i>		
Signature (person with parental responsibility)	Date	
Signature (student over 16 years of age)	Date	