

EAST AYRSHIRE COUNCIL
DEPARTMENT OF EDUCATIONAL AND SOCIAL SERVICES
PARENTAL / GUARDIAN CONSENT FORM

NAME OF PUPIL _____ DATE OF BIRTH _____

ESTABLISHMENT WILLOWBANK SCHOOL

TYPE OF ILLNESS / CONDITION _____

MEDICATIONS (in order of prescribed use)

	Name	Strength	Form	Dosage	Other Instructions
1					
2					
3					

NAME OF MEDICAL PRACTITIONER _____

PRACTICE ADDRESS _____

PARENT / GUARDIAN NAME (S) _____

(Delete as appropriate)

ADDRESS _____

HOME TELEPHONE NO. _____ WORK TELEPHONE NO. _____

(If no home/work telephone, please give the number of a relative or neighbour who can make contact with you).

PARENT / GUARDIAN STATEMENT

I confirm that my child _____ requires the medication(s) listed and that I/we agree that the medicine(s) can be administered by non-medically qualified personnel within the school staff who have volunteered to assist with the administration.

I/we confirm that a supply of medication(s) shall be provided by me/us along with the written instructions from the medical practitioner or chemist to the head of establishment.

Note: Medication(s) must give clear instructions; “to be taken as instructed” will not be acceptable unless accompanied by more detailed information.

All medication(s) supplied by me/us shall be carefully checked prior to delivery to ensure that the expiry date has not been exceeded, the medication(s) will be replaced/replenished by me/us as required. I/We understand and agree that the school are not responsible for maintaining the medication(s).

I/We shall also undertake to inform the head of establishment of any changes in the medication(s) immediately, and shall provide an appropriately labelled supply accompanied with any changes to the instructions.

I/We agree that the conditions identified by the head of establishment as being essential to the safe management of my child’s condition whilst at school are agreeable to me/us.

These conditions are identified as appropriate within the East Ayrshire Council Education Department’ Policy on Administration of Medication in School and the Guidance on Procedures regarding the Administration of Medication, and Procedures for certain Medical Emergency Response Actions in Educational Establishments which I/we have read and agreed.

Signature(s) of Parent(s) / Guardian _____

Date _____

ESTABLISHMENT USE ONLY

Date of initial contact with Parents / Guardian _____

Date of interview with Parents / Guardian _____

Consent Form sent to Parents / Guardian _____

Date Consent Form Returned _____

Date supply of Medications received _____

Date Pupil started school _____

Arrangements for alternative classes Required Not Applicable

If required, list the classes to be avoided, and, the arranged alternatives.