

The John of Gaunt School Medication Consent Form

Child's Name: _____ Date of Birth: _____

Tutor Group: _____ Year Group: _____

Name and strength of Medication

How much to given and when (i.e. dose to be given)

NB – We are only able to administer 1 x paracetamol every 4 hours unless by prescription

Any other instructions

Number of tablets/quantity given to school _____

NB – Medication must be in the original container, as dispensed by the pharmacy, with clear instructions on how much to be given.

Telephone no. of parent/carer _____

Name of G.P _____

G.P's telephone Number _____

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering the medication in accordance with school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medication is stopped.

Parent's/Carer's signature _____

Date _____

Print Name: _____

If more than one medication is to be given a separate form should be completed for each