



St Edward's Catholic First School, Parsonage Lane, Windsor, Berkshire SL4 5EN

MEDICATION CONSENT FORM

The school is not obliged to undertake this duty. All medication must be clearly marked with your child's name and class and medicines must be in the original container as dispensed by the pharmacy.

Child's Name:	Date:	Class:
Parent Name:		
Emergency Contact Number:		
Doctor's Name:	Surgery:	
Medication:	Storage Instructions:	
Dosage:	Duration of Dosage e.g. 1 day, 1 week:	
Special Guidance:		
Action Required if Treatment Missed:		
Parental Declaration: The information above is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the 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 medicine is stopped.		
Parent/Carer Consent: I understand that this task is being undertaken voluntarily and that the school will make every effort to administer this medication on time and as required. The member of staff in school undertaking the administration of medication can make no guarantees, and may decline to accept responsibility once they have read these instructions. If so you will be informed immediately.		
Signature:	Date:	
Whenever possible, the school will endeavour to inform parents/carers of expired medication. However, the ultimate responsibility remains with the parents/carers to ensure that all medication held in school is in date and any which has expired is replaced.		



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Register of medication obtained:

Date:	Name of person who brought it in:	Name of medication:	Amount supplied:	Form supplied:	Expiry date:	Dosage regime:

Register of Medication Administered:

Date:	Medication:	Amount given:	Amount left:	Time:	Administered by:	Comments/ Action/ Side effects: