Celebrating Faith, Learning and Success

ST BOTOLPH'S C OF E PRIMARY SCHOOL

PUPIL MEDICATION CONSENT FORM

Diocese of Ely multi-academy trust

Children who require medication during the day can be given medication in school provided a consent form is completed. School staff can only administer medicine, which has been prescribed by a doctor and which needs to be administered four times a day.

PUPIL NAME: …….. CLASS …… DATE OF BIRTH …….

MEDICATION

NAME/TYPE OF MEDICATION (as described on the container)

……

DATE DISPENSED ……

DOSAGE REQUIRED ……

TIMING ……

STORAGE METHOD – EG FRIDGE ……

I understand that medicines must be given to the school office and accept that this is a service which the school is not obliged to undertake.

I undertake to ensure that the school has adequate supplies of this/these medication(s).

I undertake to ensure that this/these medications(s) supplied by me and prescribed by the child's doctor is/are correctly labelled, in date, with storage details on them and that the school will be informed of any changes.

SIGNATURE …… PRINTED …… DATE ……..

RELATIONSHIP TO PUPIL: ……

(Office use only)

Date	Time	Given By		Comments