Lady Manners School

Consent For Administration Of Medicine In School

Please note: All medicines brought into school **must** be in the original container and marked with the child's name.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of student** |  | **Form** |  |

|  |  |
| --- | --- |
| **Medical condition** |  |

|  |  |
| --- | --- |
| **Name of medicine** |  |

|  |  |
| --- | --- |
| **Quantity given to school** |  |

|  |  |
| --- | --- |
| **Dosage amount, method, timing** |  |

|  |  |
| --- | --- |
| **End date of treatment** |  |

|  |  |
| --- | --- |
| **Other instructions/ precautions** |  |

I give consent for *(please tick one box only)*:

* My child to administer the above medicine under the supervision of medical staff ❑

OR

* Medical staff to administer the above medicine to my child ❑

The above information 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 certify that it is essential for my child to have access to this medicine during the school day and I will inform the school immediately in writing if there is any change to the above instructions.

|  |  |  |
| --- | --- | --- |
| **Signed** |  | (parent / carer) |

|  |  |  |
| --- | --- | --- |
| **Date** |  |  |

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**SCHOOL RESPONSE**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of student |  | Form |  |

|  |  |
| --- | --- |
| Name of medicine |  |

|  |  |
| --- | --- |
| Permission granted | Yes **❑** No **❑** |

|  |  |
| --- | --- |
| Special conditions |  |

|  |  |
| --- | --- |
| Noted on CPOMS | Yes **❑** No **❑** |