



St Paul's Church of England Academy

A part of the Diocese of Chichester Academy Trust
"Were Love and Learning Meet"



St Paul's CE Academy Parental Consent Form for Administration of Medicine

To be completed by the parent/guardian of any child/young person to whom drugs may be administered under the supervision of school/setting staff. The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine. If you need help to complete this form, please contact the School/setting or the Health Visitor attached to your doctor's surgery.

Please complete in block letters

Date for review to be initiated by
Name of school/setting
Name of child & Date of birth

Group/class/form
Medical condition or illness

Medicine Name/type of medicine
(as described on the container)
Expiry date
Dosage and method/Timing

Special precautions/other instructions
Are there any side effects that
the school/setting needs to know about?

Self-administration - Y/N
Procedures to take in an emergency

St Pauls CE Academy

NB: Medicines must be in the original container as dispensed by the pharmacy Contact Details

Name
Daytime telephone no.
Relationship to child
Address

Co-Headteachers: Maria Kiniari BA (Hons) PGCE and Tom Glenn BA (Hons) PGCE
Assistant Head: Peter Trimmings BA (Hons) and Lorna Watson BA (Hons) PGCE
Hornty Road, St Leonards on Sea, East Sussex, TN37 6RT
Telephone: 01424 424530
Email: office@stpaulsceaacademy.org Website: www.stpaulsceaacademy.org



I understand that I must deliver the medicine personally to School

A separate form must be completed for each medicine.

I accept that I must deliver the medicine personally to the school office. The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school/setting/early year's setting staff administering medicine in accordance with their policy. I will inform the school/setting/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

I understand that it may be necessary for this treatment to be carried out during educational visits and other out of school/setting activities, as well as on the school/setting premises.

I undertake to supply the school/setting with the drugs and medicines in properly labelled containers complete with chemist label.

I accept that whilst my child is in the care of the school/setting, the school/setting staff stand in the position of the parent and that the school/setting staff may therefore need to arrange any medical aid considered necessary in an emergency, but I will be told of any such action as soon as possible.

Signature(s) _____

Date _____