

HOLY FAMILY CATHOLIC SCHOOL



Attach
child's
photograph here

MEDICATION CONSENT FORM

| | |
|--|--|
| Child's Name | |
| Date of Birth | |
| Class | |
| Name and strength of Medication | |
| How much to give (ie dose to be given) | |
| When to be given | |
| Any other instructions | |
| Number of tablets/quantity given to school | |

Please note: **MEDICATION MUST BE IN THE ORIGINAL CONTAINER, AS DISPENSED BY THE PHARMACY WITH CLEAR INSTRUCTIONS ON HOW MUCH TO GIVE.**

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 of dosage or frequency of the medication or if the medication is stopped.

| | |
|----------------------------|--|
| Telephone Number of Parent | |
| Name of GP | |
| GP's Telephone Number | |
| Parent's/Carer's Signature | |
| Print Name | |
| Date | |

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

Please see overleaf for school record of medication

SCHOOL RECORD OF MEDICATION GIVEN

| | |
|--|--|
| Staff confirm amount of medication given to school | |
| Signature of member of staff receiving medication | |
| Print Staff Name | |

SCHOOL RECORD OF MEDICATION GIVEN

| Date | Time | Dosage | Staff Signature |
|------|------|--------|-----------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

SCHOOL RECORD OF MEDICATION RETURNED

| | |
|---|--|
| Medication left at end of course | |
| Staff Signature | |
| Signature of parent/guardian collecting excess medication | |
| Date | |