

# MEADOW LANE INFANT SCHOOL

## Consent form for the administration of drugs

Date(s) .....

My child ..... Class .....  
requires the following dose of medication to be administered within school.

<b>Times of day to be given or circumstances</b>	<b>Dosage</b>	<b>Name of Medicine/drug</b>	<b>Method of drug administration</b>

I give consent for a member of staff to administer the above medicine/drugs. I understand that the same member of staff may not be available at all times and the medicine/drug may be administered by a different member of staff.

I undertake to deliver the correct medication in a child proof container/bottle which will be administered according to my instructions above.

I acknowledge that any staff involved in the administering of medicine in school are not qualified medical practitioners nor holding themselves out to be qualified medical practitioners.

I understand that staff in the school will take reasonable care in the administration of medicines in school and will endeavour to respond appropriately in all circumstances should emergency treatment be required.

I agreed to collect the medicine/drug at the end of the school day or inform the office of who will be collecting it (parents are responsible for informing any after school club or nursery of this). For safety reasons, we will not send any medicines/drugs home with children.

Wherever possible we will try to administer the medicines/drugs as requested, however we cannot be responsible if this is not possible due to unforeseen circumstances during the school day. However, we will inform you if your child has not had the medicine administered.

If you have any concerns regarding any of the above, you are welcome to come to school to administer the medicine/drugs yourself.

Signed ..... Parent/Guardian