



Parental consent form for Micklands Primary School to administer medicine

Micklands Primary School will not give your child medicine unless you complete and sign this form (in accordance with the Managing Medicines in School Policy, 2014)

Name of child	
Date of birth	
Class	
Medical condition or illness	

Medicine

Name/type of medicine (as described on the container)	
Expiry date	
Dosage	
Timing	
Duration of course	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration - y/n	
Medicine to be handed over to Energy Kidz? y/n	

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

Parent / Carer Contact Details

Name	
Daytime telephone no.	
Relationship to child	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s): _____ Date: _____

[illegible]