

**Medication Consent Form**

**Important: School staff are not required to undertake this duty**

Please use block print throughout

Child's name:	Date:	Year:
Parent emergency contact:		
Doctor:	Surgery	Surgery Tel:
Medication:	Storage requirements:	
Dosage:	Use before date:	
Any special guidance / frequency:		
Consequences if medication or treatment missed / action required:		
<p><u>PARENT / GUARDIAN CONSENT.</u> Please read and sign.</p> <p><i>This task is being undertaken voluntarily and in a spirit of general care and concern. We will make every effort to administer this medication on time and as required. The member of staff responsible can make no absolute guarantees, and may decline to accept responsibility once they have read these instructions. If so you will be informed immediately.</i></p> <p>Signature:</p>		
<p><u>STAFF MEMBER. DO YOU UNDERSTAND EXACTLY WHAT IS REQUIRED?</u> YES/NO</p> <p>Signature:</p>		

1. Original: Retain with medication
2. Copy: to be filed in Medication File