Parental Consent for the Administration of Medication



The Woodlands Academy will not give your child medicine unless you complete and sign this form.

SECTION 1 – The Child			
Name of child			
Date of birth			
Medical condition/illness/allergy information (continue overleaf if necessary)			
SECTION 2 – The Medicine			
Name/type of medicine (as described on the container) Route/method of administration			
This medicine is prescribed (tick one)	YES	NO	If "NO" see 4f below
This medicine contains paracetamol (tick one)	NO	YES	If "YES" see 4g below
Expiry date			
Amount of medication sent			
Dosage			
Method			
How many time per day?			
What time(s) should it be given?			
Special precautions/other instructions			
Are there any side effects that we need to know about?			
Procedures to take in an emergency (continue overleaf if necessary)			
Details of any other medication being taken by my child (continue overleaf if necessary)			
SECTION 3 - Contact Details			
Name			
Daytime telephone no.			
Relationship to child			
Address			
GP name and contact details			

SECTIO	N 4 - Declarations Please tick					
a.	I will ensure this medicine is transported to school by an adult and not by my child					
b.	The medicine is in the original container and packaging bearing an undamaged, unaltered, original label					
c.	I confirm that my child has taken a first dose of this medication and suffered no adverse side-effects					
d.	l. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.					
e.	I understand that I should supply and dispose of any medication that the school holds for my child.					
f.	(non-prescribed medication only) I have made appropriate checks with NHS online &/or the prescribing doctor of any other medication my child is using to ensure that the interaction between these substances will be safe/neutral.					
g.	(for medication containing paracetamol) I understand that school will not administer medication containing paracetamol unless I have confirmed (or can be contacted to confirm) that my child has not had a dose within 4 hours & has not taken this product for 3 consecutive days.					
	& I have returned a completed Paracetamol Authorisation form					
h.	To the best of my knowledge, all of the information given above is accurate & I give consent for Woodlands Academy staff to administer this medicine in accordance with their policy.					
	NAL INFORMATION					