**Elizabeth Woodville School**

**Medical Consent Form**

The school will not give your child any medication unless you complete and sign this form and the Headteacher has confirmed that school staff have agreed to administer the medication.

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**DETAILS OF PUPIL**

Surname: ……………………………………………………………………………………………………………………………………………

Forename(s):………………………………………………………………………………………………………………………………………

Address: …………………………………………………….. Male / Female: …………………………………………………………..

…………………………………………………………………… Date of Birth: …………………………………………………………

…………………………………………………………………… Year Group: ………………………………………………………………..

Reason for medication(optional): ……………………………………………………………………………………………………….

**CONTACT DETAILS**

Name: ………………………………………… Daytime Contact Telephone No: …………………………………………………

Relationship to pupil: ………………………………………………………………………………………………………………………….

Address: ……………………………………………………………………………………………………………………………………………..

I understand that the medication must be delivered by a responsible adult to an authorised/appointed person in school and accept that this is a service which the school is not obliged to undertake.

Date: ………………………………………….. Signature: ……………………………………………………………………………….

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**MEDICATION**

Name/Type of medication (**as described on the container**) : ………………………………………………………………

……………………………………………………………………………………………………………………………………………………………

For how long will your child take this medication: ……………………………………………………………………………..

Date dispensed: ……………………………

**FULL DIRECTIONS FOR USE**

Dosage and amount (**as per instruction on container**): ………………………………………………………………………

Method:………………………………………………………………………………………………………………………………………………

Timing: ……………………………………………………………………………………………………………………………………………….

Special Precautions: ……………………………………………………………………………………………………………………………

Self -Administration: …………………………………………………………………………………………………………………………..