

Appendix 1

School Medicine Record Parental Consent Form

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

Name of Pupil _____

Class _____

Date of Birth _____ / _____ / _____

Medical condition of illness _____

Medicine: To be in original container – if prescribed medicine then label attached to container as dispensed by pharmacy. (Clearly showing child’s name & dosage)

Name/type and strength of
Medicine (as described on the container) _____

Date commenced _____

Dosage and Method _____

Time to be given _____

Special precautions _____

Are there any side effects that the
School/setting should know about? _____

Self-administration Yes / No (delete as appropriate)

Procedures to take in an emergency _____

Date									
Time Given									
Staff Initial									
Observations and comments									

In consideration for the Headteacher or the school’s staff agreeing to give medication to my/our above named child during school hours, I/we agree to indemnify the Headteacher, the School’s staff and the Governing Body against all claims, costs, actions and demands whatsoever resulting from the administration of the medicine unless such claims, costs, actions or demands result out of the negligence of the Headteacher, the School’s staff of the Governing Body.

Parent’s signature _____ / / _____

Date medicine was returned to parent on completion of course of medicine _____ / _____ / _____