



MEDICATION TO BE ADMINISTERED AT SCHOOL

The school will **only** administer medication, which has been **prescribed** by a Doctor. (Unfortunately we are unable to administer any eye treatment).

PRESCRIBED MEDICATION:

Type of Medicine / Inhaler / Type of Allergy / Other	Dosage – Medication to be kept in medical room	Notes Inc: what time/how many days it has to be administered

Please note the following for **short term** medication (e.g. a course of antibiotics);

- This consent form must be shared with, and medication **must** be given to, your child’s class **Teaching Assistant** who will administer the medication at the correct time.
- Please collect your child’s medication from the medical room at the end of the school day, if necessary.

In all cases please ensure:

- The above is completed in full.
- The medication is clearly labelled with the contents, your child’s full name and the dosage details.

I give permission for the above medication to be administered to my child.

Child’s Name: _____

Class: _____

Parent/Guardians Name: _____

Signed: _____

Date: _____

ONLY COMPLETE THIS SECTION IF YOUR CHILD HAS AN INHALER or EPIPEN

PARENTAL CONSENT

Use of an Emergency Inhaler/EPIPEN - Child showing symptoms of asthma, having asthma attack or in case of an Anaphylaxis reaction.

(Please circle if applicable).

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler. **Yes / No**
2. I can confirm that my child has been diagnosed with an allergy and has been prescribed an EPIPEN. **Yes / No**
3. My child has a working, in-date inhaler/EPIPEN, clearly labelled with their name, which they will leave at school every day. **Yes / No**
4. In the event of my child displaying symptoms and if their inhaler/EPIPEN is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler or EPIPEN held by the school for such emergencies. **Yes / No**

Signed:

Date: