**Medicine Consent Form**

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| Bishop Ellis Catholic Primary School **Medicine Consent Form** |
| Child’s name and class |  |
| Child’s date of birth |  |
| My child has been diagnosed as having *(condition)* |  |
| He/she is considered fit for school but requires the following medicine to be given during school hours |
| Name of medicine |  |
| Dose required |  |
| Time/s of dose |  |
| With effect from [start date] |  |
| Until [end date] |  |
| I consent/do not consent for my child to take the medicine by him/herself and therefore kindly request/do not request that you arrange for the administration of the above medicine as indicated. *(Please delete as appropriate)* |
| I consent/do not consent for my child to carry his/her own medicine and therefore kindly request/do not request the school to store it on his/her behalf. This medicine does/does not need to be kept in a fridge. *(Please delete as appropriate)* |
| **By signing this form I confirm the following statements:** |
| **My child has been seen by a GP and,****Has prescribed medication that needs administering during school hrs. Yes / No****Has been advised to continue with pain relief / Calpol Yes / No** |
| * That my child has taken this medicine or at least two doses of this medicine before and has not suffered any adverse reactions.
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| * That I will update the school with any change in medication routine use or dosage
 |
| * That I undertake to maintain an in-date supply of the medication
 |
| * That I understand the school cannot undertake to monitor the use of self-administered medication carried by my child and that the school is not responsible for any loss of/or damage to any medication
 |
| * That I understand the school will keep a record of medicine given and will keep me informed that this has happened.
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| * That I understand staff will be acting in the best interests of my child whilst administering medication.
 |
| Signed  |  |
| Name (please print) |  |
| Contact details  |  |
| Date |  |
| Staff member signature |  |
| Name (please print) |  |
| Date |  |