

LORDSWOOD GIRLS SCHOOL & SIXTH FORM CENTRE

HARBORNE, BIRMINGHAM, B17 8QB

HEADTEACHER: KERRY COONEY

Parental/carer consent to administer a prescribed medicine – B (1)

- All prescribed medicines must be in the original container as dispensed by the pharmacy, with the child's name, the name of the medicine, the dose and the frequency of administration, the expiry date and the date of dispensing included on the pharmacy label.
- A separate form is required for **each medicine**.

Child's name	
Child's date of birth	
Class/form	
Name of medicine	
Strength of medicine	
Expiry date	
How much (dose) to be given. For example: One tablet One 5ml spoonful	
At what time(s) the medication should be given	
Reason for medication	
Duration of medicine Please specify how long your child needs to take the medication for.	
Are there any possible side effects that the school needs to know about? If yes, please list them	

I give permission for my son/daughter to carry their own Adrenaline auto injector pen for anaphylaxis.	Yes	
	No	
	Not applicable	
I give permission for my son/daughter to carry their own asthma inhaler and use it themselves in accordance with the agreement of the school and medical staff.	Yes	
	No	
	Not applicable	

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I give permission for my son/daughter to carry and administer their own medication in accordance with the agreement of the school and medical staff.	Yes	
	No	
	Not applicable	
Or, Medication to be held in the school office	Yes/No	

Mobile number of parent/carer	
Daytime landline for parent/carer	
Alternative emergency contact name	
Alternative emergency phone no.	
Name of child's GP practice	
Phone no. of child's GP practice	

- I give my permission for the headteacher (or his/her nominee) to allow the prescribed medicine to be taken by my son/daughter during the time he/she is at school. 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.
- I agree that whilst staff are willing to supervise medication being taken in school; it is the student's responsibility to remember to come to the medical room to take the medication.
- I understand that it may be necessary for this medicine to be taken during educational visits and other out of school, as well as on the school premises.
- I also agree that I am responsible for collecting any unused or out of date medicines and returning them to the pharmacy for disposal and supplying new stock to the school, if necessary.
- The above information is, to the best of my knowledge, accurate at the time of writing.

Parent/carer name	
Parent/carer signature	
Date	

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Headteacher signature : Dated: