



Middleton-in-Teesdale Academy

Town End, Middleton-in-Teesdale, Co Durham, DL12 0TG
Tel: 01833 640382

enquiries@middletoninteesdaleacademy.co.uk

'Where many hearts make a school'

Parental Consent Form

Administration of medication

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy supporting staff to safely administer medicine.

Date for review to be initiated by
This should be annual or when medical needs change

Name of school/setting

Name of child

Date of birth

Group/class/form

Medical condition or illness

Medicine

Name/type of medicine
(as described on the container)
Route/method of administration

Expiry date

Dosage and method

Timing

Special precautions/other instructions

Are there any side effects that the school/setting needs to know about?

Self-administration – Y/N

Procedures to take in an emergency

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to the following members of staff

[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. **I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.** Medication should be in date, labelled and in the original packaging, including instructions for administration, dosage and storage. I understand that I should supply and dispose of any medication that the school holds for my child.

Signature(s) _____

Date _____