

**St Mark's Primary School PARENTAL CONSENT FOR ADMINISTRATION OF MEDICINES**

**Medicine should normally be given at home** (e.g before coming to school, at the end of school and before bed time) except on exceptional occasions when parents/carers may complete this form to request that medicine be administered under the supervision of school staff or where a child is bringing medicine into school which they will self-administer.

Child's name:..... Child's class .....

Name of medicine to be given and any special storage instructions	When? (e.g, lunchtime, after food, when wheezy, before exercise)	How much? (e.g half a teaspoon, 1 tablet, 2 drops)	Route? (e.g by mouth or in each ear)	What is the last date and time this medicine will need to be given by school?
Tick if this is a medicine prescribed for my child by the GP				
Brief description of illness: (e.g ear-ache)				

**Tick ONE of the following:**

- my child can **administer his/her own** medicine **OR**
- my child requires **supervision** to administer his/her medicine **OR**
- my child requires **assistance** in administering his/her medicine

I request that the treatment be given in accordance with the above information by a member of staff. I understand that it may be necessary for this treatment to be carried out during educational visits and other out of school activities, as well as on the school premises.

**I recognise that St Mark's does this as a service to parents and that schools are not legally bound to do this.**

I undertake to supply the school with the drugs and medicines in the original labelled containers, provided by the Dispensing Chemist.

I accept that whilst my child is in the care of the school, staff are in the position of the parent and may need to arrange any medical aid considered necessary in an emergency. If this happens, I will be told of any such action as soon as possible. I can be contacted via the following during school hours:

**Your Name** (Please print):.....

**Contact telephone number** (you must guarantee we can contact you immediately during the days we are administering medicine, in case of any problems):

**Signed:**..... **Date:** .....

