

Parental Consent for College to Administer Medicines

Please complete in block letters and hand back to the College First Aider:

St John Plessington Catholic College will not give your child medicine unless you complete and sign this form. The information given below is, to the best of my knowledge, accurate and I give consent to SJP staff administering medicine in accordance with the SJP policy. I will inform SJP immediately, in writing, if there is any change in dosage/frequency of the medication or if the medication is stopped.

Today's date	
Date for Review	
Pupil Name	
Form	
Parent/Carer Name	
Parent/Carer Signature	
Relationship to Pupil	
Pupil Date of Birth	
Medical Condition/Illness	
Medicine Name/Type of medicine (as described on the container)	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the College needs to know about?	
Self-administration – Yes/No	
Procedures to take in an emergency	
NB Medicines must be in the original container as dispensed by the pharmacy	

Pupil Address	
Parent/Carer Address if different from child	
Doctor's Name	
Surgery Name & Address	
Parent/Carer Contact Telephone Numbers Mobile Tel Work Tel Home Tel	