

Consent for Medication Form

I hereby authorise the Headteacher or a person authorised by her to administer the prescribed medication as detailed below:

| Name of Child | | | Class | | | | | |
|---|--|---------|--------|------|--|--|--|--|
| Name and Type of | | | Dosage | | | | | |
| Medication | | | Expiry | | | | | |
| Period of Authorisation | | | | | | | | |
| Date from | | Date to | | Time | | | | |
| Possible side effects and action to be taken | | | | | | | | |
| Signed | | | Date | | | | | |

N.B Parents are reminded that the Headteacher and school staff are acting in loco parentis and will take such care as a reasonably prudent parent would do.

Medication Log

Staff must ensure that the information is logged below before administering medication.

| Date | Time | Dosage | Administered by - signed | Countersigne d by |
|------|------|--------|-----------------------------|----------------------|
| | | | | |
| | | | | |
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A copy of this form is to be kept in Medication log file - Staffroom