

# PARENTAL CONSENT FOR ADMINISTRATION OF MEDICINES IN SCHOOL/YOUTH CLUB

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**TO BE COMPLETED BY THE PARENT/GUARDIAN OF ANY CHILD REQUESTING THAT DRUGS BE ADMINISTERED UNDER THE SUPERVISION OF SCHOOL STAFF OR WHERE A CHILD IS BRINGING MEDICINE INTO SCHOOL WHICH THEY WILL SELF ADMINISTER**

If you need help to complete this form, please contact the School/Youth club.

Please complete in block letters

**Name of child:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**School/Youth club:** \_\_\_\_\_

**Doctor's name:** \_\_\_\_\_

### **Non-prescribed medicines**

My child requires the following non-prescribed medicines:-

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Prescribed medicines**

The Doctor has prescribed (as follows) for my child:

Name of drug or medicine to be given and any special storage instructions:	When? (eg, lunchtime, after food, when wheezy, before exercise):	How much? (eg half a teaspoon, 1 tablet, 2 drops):	Route? eg by mouth or in each ear:
1 _____			
2 _____			
3 _____			
4 _____			

**Child's name:** \_\_\_\_\_ can administer his/her own medication\*/requires supervision to administer his/her own medicine\*/requires assistance in administering his/her medicine\*

I request that the treatment be given in accordance with the above information by a named member of the school/youth club staff who has received all necessary training. I understand that it may be necessary for this treatment to be carried out during educational visits and other out of school/centre activities, as well as on the school/youth club premises.

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

I accept that whilst my child is in the care of the school/youth club, the school/youth club staff stand in the position of the parent and that the school/youth club staff may, therefore, need to arrange any medical aid considered necessary in an emergency, but I will be told of any such action as soon as possible.

I can be contacted at the following address/telephone during school/youth club hours:

**Name:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Contact address:** \_\_\_\_\_

**Date:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Contact tel no:** \_\_\_\_\_

\* Delete that which does not apply

**THIS FORM SHOULD BE DISCARDED/DESTROYED WHEN THE MEDICATION IS COMPLETED OR CHANGED.**