



Richard Lander School

MEDICATION CONSENT FORM Academic Year 26/27

In line with school's statutory guidance, 'Supporting Pupils with Medical Conditions in School' (DofE 2014); we use this form to obtain parental/guardian/carer consent for prescribed and/or over the counter medication to be given in school. **If you have any questions or need support completing this form, please contact the Medical Officer.**

Name of student Tutor Group DOB

Emergency Contact Name:	Telephone No(s)

Medical Condition(s):

OVER THE COUNTER MEDICINES

Please tick all medication you give permission for the school staff to administer	√
PARACETAMOL TABLETS OR LIQUID	
IBUPROFEN TABLETS or LIQUID	
ANTI-HISTAMINE TABLET	

PRESCRIBED MEDICATION

Medication must be in the original container/box as dispensed and labelled by the pharmacy

Name/Type of medication	
Expiry Date	
Dosage/How taken/how long	
Possible Side Effects	
SPECIAL INSTRUCTIONS	

CONSENT FOR SCHOOL STAFF TO ADMINISTER MEDICATION

I give consent to school staff to administer medication as above, in accordance with the school medical policy. I will inform the school, in writing, if there are any changes to this consent. If my child is to self-medicate, I will discuss this with the School Nurses or First Aiders to ensure this is possible and can be implemented safely.

Signature _____ Date _____

CONSENT FOR STUDENT TO CARRY THEIR OWN MEDICATION FOR LONGTERM MEDICAL CONDITIONS: Asthma, Epi – Pen, Diabetics. If any specific medication is needed to be held by the student for a different ongoing condition, please speak with Medical Officer or Mrs Griffiths to discuss.

I give consent for my child to carry their own medication and self-medicate, in accordance with the school medical policy. I will inform the school, in writing, if there are any changes to this consent.

Signature _____ Date _____

FOR MEDICAL ROOM USE ONLY:

Date, Name & Medication