



Medication Consent Form

Kents Hill Park School is unable to give your child medicine unless you complete, sign, and return this form.

Pupil Information

Pupil Name	
Date of Birth	
Form Group	
Medical Condition	

Medication(s) Information

Name of Medication (as described on the container)	
Expiry Date	
Dosage & Method	
Timing (e.g. "10am, 12pm" or "as needed")	
Special Precautions	
Are there any side effects that the school/setting should know about?	
Procedure to Take in an Emergency (e.g. "Call 999, then call parent")	

ALL MEDICATION MUST BE IN THE ORIGINAL CONTAINER AS BOUGHT / DISPENSED BY THE PHARMACY

Asthma Inhaler / Epi-Pen Users

By completing and signing this form, I hereby give my consent for the school 'spare' inhaler and/or school epi-pen (as appropriate) to be used in an emergency.

Declaration

By completing and signing this form, I declare that the above information is, to the best of my knowledge, accurate at the time of writing. I confirm that I have parental responsibility for this pupil and can therefore provide consent for medications. I give consent to Kents Hill Park School staff to supervise my child administering the above medication in accordance with the school policy. I will inform the school immediately if there is any change in the dosage or frequency of the medication required, or if the medication is stopped. I understand that I need to check and replace long term medication before the expiry date. I understand that all medication must be delivered to the School Office along with this form, by an adult.

Name:

Relation to pupil:

Telephone No(s):

Email:

Address:

Signed:

Date: