

Parental Consent Form for Administering Medication



Ingleby Manor School will only administer medication with the completion of this form. All medication brought on site must be provided to the school office. Students are NOT permitted to keep medication on their person.

A copy of this form will be retained by the School and a copy will be provided to the parent/carer of the student for their records

Student Details

1	Name of Student:	
2	DOB:	
3	Year Group:	

Reason Medication required

4	Medical Condition:	
5	Symptoms:	

Medication

6	Name of Medication:	
7	Medication Type:	
8	Expiry Date:	
9	Any known side effects experienced by the student from taking this medication?	

NB: Medications must be in the original container as dispensed by the pharmacy/manufacturee with the expiry date visible

Instructions for administering Medication

10	Dosage:	
11	Time of when medicine is to be administered in school:	
12	Will the child have been given this medication before school and if so at what time?	
13	Period of time medication should be administered for (Date Start - Date finish):	

NB: Medication will be held on site at Ingleby Manor School and administered to your child for the time period as stated at point 13. Following this, the medication will be held for 5 working days of which at the end of this time if the medication is not collected by a Parent/Carer it will be disposed of.

Medications held on site for ongoing conditions will be checked every 1/2 term to ensure that they are still within the expiry date. Those medications that have expired or will be expiring within the next 1/2 term period will be noted and the parent/carer of the student will be contacted where a replacement will be requested along with the collection of the out of date medication.

Emergency Contact Information

14	Name:	
15	Relationship to student:	
16	Telephone no:	

I confirm that all of the above information is accurate to my knowledge and that I understand the process for administering medication followed by the school as detailed in this form.

I hereby authorise a member of staff from Ingleby Manor school to administer medication to my child in line with the above instructions.

Signed:

Date:

