Consent Form - Parental Agreement for Setting to

Administer Medication

St Nicolas will only administer medicine to your child when you complete and sign this form

We know it can be difficult to send your child to school if they aren't quite feeling 100%. If you want your child to give a school a go this form let's our staff know they are 'under the weather' so they can keep an eye on them and help quickly if they start to feel worse.

The NHS online guidance Is my child too ill for school? - NHS gives advice on when to keep your child at home and when it might be better to send them into school.

If your child's condition worsens during the school day, rest assured, we will give you a call and you can come and pick up your child.

Child's name	
Class	
Medical condition or illness (tick all that apply)	☐ Headache ☐ Tummy Ache ☐ Sore Throat ☐ Feeling Tired ☐ Cough ☐ Nausea ☐ Cold Symptoms ☐ Other ☐ Earache

Medications given before school

Medication	
Dosage	
Time Given	

Non-Prescription Medication to be given
P.T.O for prescribed medication

Medication	
Dosage	
Time to give	

Please note that, in accordance with Trust policy, non-prescribed medication, including cough sweets, can only be administered by the school for a maximum of three consecutive days. If symptoms persist beyond this period, we would ask families to seek advice from a healthcare professional.

I confirm that my child is well enough to attend school today. The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Academy staff administering medicine in accordance with the Academy policy.

Parent/Carer Name:_____

Signature _____ Date _____

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Prescribed Medicine - Medicines must be in the original container as dispensed by the pharmacy and be personally delivered to the office

Child's name	
Date of birth	
Any known Allergies	
Medical condition or illness	
Name/type of medicine (as described on the container)	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the Academy/setting needs to know about?	
Self-administration – yes/no	
Procedures to take in an emergency	

Contact Details

Adult Name	
Daytime telephone no.	
Relationship to child	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Academy staff administering medicine in accordance with the Academy policy. I will inform the Academy immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent/Carer Name:_____

Signature _____ Date _____