

## **Consent Form for School to Administer Medicine**

or for a pupil to *self-medicate* (asthma inhalers/Epipens ONLY)

**IMPORTANT:** The school CANNOT administer medication to your child unless you complete and **sign** this form. Please provide medication in its **original box** (no loose tablets)

Date	
Pupil's name	
Pupil's date of birth	
Tutor group	
Medical condition/illness	
Name / type of medicine (as stated on container/packet)	
Expiry date	
No. of tablets/ quantity to be kept in school	
How much to administer (i.e. dose)	
When to be administered	
Any side effects that the school need to know about?	
Procedures to take in an emergency	
Contact name	
Relationship to pupil	
Contact number	
GP details	

The above information is, to the best of my knowledge, accurate at the time of completing this form.

**PTO**

**Headteacher:** Andy Bloodworth BSc (Hons) NPQH  
Calvesford Road, Great Torrington, Devon, EX38 7DJ **Tel:** (01805) 623531

**Email:** [admin@gts.devon.sch.uk](mailto:admin@gts.devon.sch.uk)

## PLEASE COMPLETE THE RELEVANT SECTION ONLY

*I confirm that the medicine detailed overleaf has been prescribed by a medical professional and that I give my permission for the nominated first aider to administer the medicine to my son/daughter during the time he/she is at school.*

*I will inform the school immediately if there is any change in dosage or frequency of the medication or if the medication is stopped. Contact: [first\\_aid@gts.devon.sch.uk](mailto:first_aid@gts.devon.sch.uk).*

*Please ensure your child is aware that it is their responsibility to come to the medical room for their medication. This should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.*

**Parent/Carer name**.....

**SIGNED**.....

Person with parental responsibility

**DATE**.....

*(As applicable) I give permission for my son/daughter to carry their asthma inhaler with them whilst attending school and to manage its use.*

**Parent/Carer name:**.....

**SIGNED**..... **DATE**.....

Person with parental responsibility

*(As applicable) I give permission for my son/daughter to carry their adrenaline auto-injector for anaphylaxis with them whilst attending school and to manage its use.*

**Parent/Carer name:** .....

**SIGNED**..... **DATE**.....

Person with parental responsibility

Notes of Guidance: This form should only be completed by the parent/carers of the pupil and be delivered together with the medicine. The medicine must be in date, in the original packaging and clearly labelled with the name of pupil and dosage.