 Consent and Medicine Administration Form

Name of child: …………………………………………………………………………………………….............. Class: ………………………………………………......

Name of medicine to be administered: …………………………………………………………………… Expiry date of medicine: ………………………..

Reason: …………………………………………………………………………………………………… Date medicine provided by parent: ……………………….

Dose of medicine to be administered: …………………………………………………….. How often: …………………………………………………………….

I hereby give my permission for the above medication to be administered by a staff member at Fixby J & I School

Signed ……………………………………………………. Relationship to child: …………………………………… Date: ……………………………………….

Parent to complete line 1 below if medication has been administered at home.

If the medicine is Paracetamol it will not be administered unless your child presents as ill.

***We are not permitted to administer ibuprofen without a prescription or aspirin to anyone under the age of 16.***

Authorised By: Signed

Record of administration

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date | Time given | Dosage | Any Reaction | Name of person who administered medicine | Signature | Staff/  Countersignature |
|  |  |  | YES / NO |  |  |  |
|  |  |  | YES / NO |  |  |  |
|  |  |  | YES / NO |  |  |  |
|  |  |  | YES / NO |  |  |  |
|  |  |  | YES / NO |  |  |  |
|  |  |  | YES / NO |  |  |  |
|  |  |  | YES / NO |  |  |  |
|  |  |  | YES / NO |  |  |  |
|  |  |  | YES / NO |  |  |  |
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| --- | --- | --- | --- | --- | --- | --- |
| Date | Time given | Dosage | Any Reaction | Name of person who administered medicine | Signature | Staff/  Countersignature |
|  |  |  | YES / NO |  |  |  |
|  |  |  | YES / NO |  |  |  |
|  |  |  | YES / NO |  |  |  |
|  |  |  | YES / NO |  |  |  |
|  |  |  | YES / NO |  |  |  |
|  |  |  | YES / NO |  |  |  |
|  |  |  | YES / NO |  |  |  |
|  |  |  | YES / NO |  |  |  |
|  |  |  | YES / NO |  |  |  |
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