

**MEDICATION CONSENT/INFORMATION FORM  
FOR MEDICATION TO BE GIVEN IN SPECIAL SCHOOLS**

<b>Child's Name</b>		<b>Doctor</b>	
<b>Address</b>		<b>Address</b>	
<b>Date of Birth</b>		<b>Consultant</b>	

I ..... parent/guardian of the above named child give my consent for the nurse in school/school Staff, care staff to administer the following medication in accordance with the school Medication Policy and for this information to be shared with those staff who care for my child and therefore may need to know the following details eg class staff, care staff

Name of Medication	Strength	Dose to be given eg 1 x 5mg tablet	Time to be given	How to be given eg spoon/oral syringe/by feeding tube	Any other information or instructions

The above information is, to the best of my knowledge, accurate at the time of writing. I understand that I have the responsibility to inform the school nurse/school staff/care staff immediately, in writing, if there is any change in dosage or frequency of the medication and to provide the appropriate medication for school

Name of parent/guardian .....  
(Please print)

Signature of parent/guardian .....

Date .....

**PARACETAMOL**

I give/do not give my consent for my child to receive paracetamol in school in accordance with the school Medication Policy

Name of parent/guardian .....  
(Please print)

Signature of parent/guardian .....

**Date** .....