

Bryony School - Medication Consent Form



If more than one medicine is to be given a separate form should be completed for each one. Bryony School/Pre-school will not give your child medicine unless you complete and sign this form. Please see the school Medication Policy for more detail.

Name of Child:	D.O.B:	Form:
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Details of Condition / Illness:

Name of medication to be given <i>(As described on the container)</i>	Medication Expiry Date	Time of dosage(s) due at school	Dosage due / method / special precautions	Date that this arrangement will end (e.g. when course is finished or when until instructed in writing by parents)	Any known side effects?
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PARENTAL / CARER CONSENT. I sign to confirm the information given above is correct. I consent to the above medication to be administered in accordance with the above instructions. I understand that I must notify the school immediately in writing of any changes in dosage, frequency or if the medication must be stopped. I am providing the medication in the original container (s) labelled with my child's name. I understand that I must personally deliver this medication to a member of staff.

PRINT NAME (Parent/Carer): **Signature:**

Emergency contact number(s): **Date:** _ _ / _ _ / 20 _ _

Details of administration of medication

Date	Name of medication	Time	Dosage and Method	PRINTED NAME and signature of staff administering medication	PRINTED NAME and signature of staff witness
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Details of administration of medication (continued from overleaf)

Date	Name of medication	Time	Dosage and Method	PRINTED NAME and signature of staff administering medication	PRINTED NAME and signature of staff witness
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