

## Appendix 1

### Parental Consent for School to Administer Medicine

The School will not give your child medicine unless you complete and sign this form, and has a policy that staff can administer medicine, and staff consent to do this.

Note: Medicines must be in the original container as dispensed by the pharmacy

Name of School	<input type="text"/>
Date	<input type="text" value="Day / Month / Year"/>
Childs name	<input type="text"/>
Date of birth	<input type="text" value="Day / Month / Year"/>
Group/Class/Form	<input type="text"/>
Medical condition or illness	<input type="text"/> <input type="text"/> <input type="text"/>
Medicine	
Name/type of medicine/strength (as described on the container)	<input type="text"/> <input type="text"/>
Date dispensed	<input type="text" value="Day / Month / Year"/>
Expiry date	<input type="text" value="Day / Month / Year"/>
Agreed review date to be initiated by (name of member of staff) (LONG TERM MEDICATION ONLY)	<input type="text"/>
Dosage and method	<input type="text"/>
Timing – when to be given	<input type="text"/>
Special precautions	<input type="text"/>
Any other instructions	<input type="text"/>
Number of tablets/quantity to be given to School/Setting	<input type="text"/>
Are there any side effects that the School/Setting needs to know about?	<input type="text"/>
Self administration	<input type="text" value="Yes / No (delete as appropriate)"/>
Procedures to take in an emergency	<input type="text"/>
Contact Details – First Contact	
Name	<input type="text"/>
Daytime telephone number	<input type="text"/>

Relationship to child

Address

I understand that I must deliver the medicine personally to (agreed member of staff)

Contact Details – Second Contact

Name

Daytime telephone number

Relationship to child

Address

I understand that I must deliver the medicine personally to (agreed member of staff)

Name and phone number of G.P.

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

I accept that this is a service that the School/Setting is not obliged to undertake.  
I understand that I must notify the School/Setting of any changes in writing

Date \_\_\_\_\_ Signature(s) \_\_\_\_\_

Parent's signature \_\_\_\_\_

Print name \_\_\_\_\_

Date \_\_\_\_\_

In order to communicate the need for your child to have medicine to other members of staff we will write your child's first name on a board in the office along with the time it is to be administered.

Please tick to give consent for this.

If more than one medicine is to be given a separate form should be completed for each one.

For School Use Only

Checked by	Date	Signature	Print Name

## Appendix 2

### Record of medicine administered to an individual child (MAR) Form

Name of School/Setting	<input type="text"/>
Childs name	<input type="text"/>
Date of birth	<input type="text" value="Day / Month / Year"/>
Group/Class/Form	<input type="text"/>
Date medicine provided by parent/carer	<input type="text"/>
Quantity received	<input type="text"/>
Name and strength of medicine	<input type="text"/>
Expiry date	<input type="text" value="Day / Month / Year"/>
Quantity returned	<input type="text"/>
Dose, timing and frequency of medicine	<input type="text"/>
Staff signature	<hr/>
Signature of parent	<hr/>

Date	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Time given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dose given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of member of staff	<input type="text"/>	<input type="text"/>	<input type="text"/>
Staff initials	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
Time given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dose given	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<hr/>	<hr/>	<hr/>

Name of member of staff

Staff initials

Date  /  /   /  /   /  /

Time given

Dose given

Name of member of staff

Staff initials

Date  /  /   /  /   /  /

Time given

Dose given

Name of member of staff

Staff initials

Date  /  /   /  /   /  /

Time given

Dose given

Name of member of staff

Staff initials

Date  /  /   /  /   /  /

Time given

Dose given

Name of member of staff

Staff initials

