

Consent to administer Non-Prescribed Medication in School



Newfield
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School staff will not give your child medicine unless you complete and sign this form for each non-prescribed medication. The nursing team have oversight of this process, but do not administer non-prescription medication.

The medication must be labelled with your child's name, in its original container and sealed when it is sent into school.

School staff will contact you by telephone prior to giving this medication.

Childs details

Surname _____ Forename _____

M/F _____ Class _____ Date of Birth _____

Reason for medication _____

Medication

Name/Type of medication (as described on the container) _____

Date first sent into school _____

Full directions for use

Dosage and Amount _____

Method _____

Reason(s) for administering (e.g.: pain relief) _____

Any additional information with regards to your child and this medication that you are aware of
e.g: take before food etc _____

Any known side effects from your child taking this medication _____

Procedures to take in an Emergency _____

Contact Details/ Parent Carer

Name _____ Contact Tel.No _____

Relationship to pupil _____

I understand that I am providing this non-prescribed medication for my child and that I will be contacted by telephone prior to school staff administering this medication.

I take responsibility for ensuring that this medication is suitable for my child, including any potential interactions with other medications my child takes.

Date _____ **Signed** _____