Launceston College

Part of the Athena Learning Trust

PARENTAL CONSENT TO ADMINISTER MEDICINES

Name of pupil	
Date of birth	
Tutor	
Medical condition or illness	

Prescribed Medicine

Name of medicine *(as described on the container)*	
Start and end date	
Dosage and method	
Timing (when required at school)	
Special precautions/other instructions	
Inc. expiry date of medicines	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

Non-Prescribed Medicine

Name/type of medicine *(as described on the container)*	
Reason for medicine	
Start and End date	
Dosage and method	
Timing	
Special precautions/other instructions inc drug expiry date	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

For Non-Prescribed Medicine (Over-the-Counter OTC Medicine)

Name of medication _____

☐ I confirm my child has taken this over-the-counter medicine before without ill effect.

☐ I confirm this over-the-counter medicine does not interact with the other medicines my child is taking and is not contraindicated with my child's medical condition.

Self-administration by students

I give permission for my child to carry their own asthma inhaler and manage its use	Yes / No / Not applicable (delete as required)
I give permission for my child to carry their own adrenaline auto-injector in case of anaphylaxis	Yes / No / Not applicable (delete as required)
I give permission for my child to carry their own Creon capsules/antihistamine tablets/ travel sickness tablets*	Yes / No / Not applicable (*delete as required)

NB: All medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to pupil	
Address	
I understand that I must deliver the medicine to	First aid

The above information is, to 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

Signature(s) _____ Date _____