

**Receiving** MEDICATION CONSENT FORM (to be filed in Medication Administration Record File)

The school/setting will not give your child any medication unless you complete and sign this form and the Head teacher has confirmed that school staff have agreed to administer the medication.

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**DETAILS OF PUPIL**

Surname: .....

Forename (s): .....

Address: ..... M/F: .....

..... Date of Birth: .....

..... Class/Form: .....

Reason for medication: .....

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**CONTACT DETAILS:**

Name: ..... Daytime Contact Telephone No: .....

Relationship to Pupil: .....

Address: .....

I understand that the medication must be delivered by a responsible adult to an authorised/appointed person in school and accept that this is a service which the school is not obliged to undertake

Date: ..... Signature (s): .....

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**MEDICATION**

Name/Type of Medication (as described on the container) .....

Received amount of medication (eg. 20 x 5mg) .....

For how long will your child take this medication: .....

Date received .....

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**FULL DIRECTIONS FOR USE:**

Dosage and amount (as per instructions on container): .....

Method: .....

Timing: .....

Special Precautions: .....

Self-Administration:

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If this is an 'over the counter medication' please complete other side

Has the child taken this medication previously?

Yes

No

Has the child had any adverse effect from taking this medicine previously?

Yes

No

If yes, please describe

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