

Appendix 1 Medication Consent Form (Side A)

Otley All Saints CE Primary School

SHORT TERM MEDICATION IN SCHOOL

CHILD'S	Surname		Forename		
NAME:					
DOB:			CLASS:		
MEDICATION					
Name / Type of					
medication					
Date dispensed					
How long will your					
child be taking this medication?					
medication!					
Dosage & method					
Time of doses					
Side effects					
Procedure to take in an emergency					
arr officingency					
Details of Doctor					
Issuing Medication:					
Location to be kept:				_	
CHECK LIST					
Medication / Appliance labelled?		YES / NO			
Chariel Instructions 2 (Disease note)		YES / NO			
Special Instructions? (Please note)		I ES / NO			
ADMINISTRATION OF MEDICINE					
ADMINISTRATION OF MEDICINE Pupil can self-administer medication					
Pupil requires staff assistance for medication					

Appendix 1 Medication Consent Form (Side B)

I understand I must deliver and collect the medicine personally to the school office and accept this is a service the school is not obliged to undertake. (Your child should not be bringing and collecting their own medicine.)

Signed: (Parent / Carer)	Name: Relationship to child: Daytime telephone number: Signature	Date:	
Signed:	(Staff Member)	Date:	

School USE:

Short Term Medication in School Log

Date	Time	Administrator (Name)