



Appendix 1 Medication Consent Form (Side A)

Otley All Saints CE Primary School

SHORT TERM MEDICATION IN SCHOOL

CHILD'S NAME:	Surname	Forename
DOB:		CLASS:

MEDICATION	
Name / Type of medication	
Date dispensed	
How long will your child be taking this medication?	
Dosage & method	
Time of doses	
Side effects	
Procedure to take in an emergency	
Details of Doctor Issuing Medication:	
Location to be kept:	

CHECK LIST	
Medication / Appliance labelled?	YES / NO
Special Instructions? (Please note)	YES / NO

ADMINISTRATION OF MEDICINE	
Pupil can self-administer medication	<input type="checkbox"/>
Pupil requires staff assistance for medication	<input type="checkbox"/>

