SAN(M)1 APPENDIX C – example form for parental consent if they wish the pupil to carry and/or administer their own medication.

Parental Consent Form for pupils carrying their own medication

Dear (please complete as necessary)

You must complete and sign this form to seek permission from the school to enable your child to carry and/or administer their own medication.

I request that my child (detailed below) carries their medication with them to use as prescribed or when necessary. I agree to inform the school in writing if I wish to withdraw this request, and I will complete a new form if the information changes.

Date by which review to be initiated	
Name of school/setting	
Name of pupil	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine *(as described on the container)*	
Expiry date	
Dosage and method	
Timing	
For how long will your child carry/administer this medication?	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Can your child self-administer?	YES/NO (please indicate)
Procedures to take in an emergency (i.e. where school staff/medical intervention will be required)	

NB. Medicines must be in the original container as dispensed by the pharmacy

Contact details

Name	
Daytime telephone no.	
Relationship to pupil	
Address	

The above information is, to the best of my knowledge, accurate at the time of writing. 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) _____ Name of signatory (CAPS)_____ _____

_____ _____

Relationship to pupil _____ Date _____ _____