



# Headlands Primary School



## MEDICATION CONSENT FORM

**ONLY COMPLETE THIS FORM IF YOUR CHILD NEEDS MEDICATION IN SCHOOL**  
**PLEASE COMPLETE BOTH SIDES OF THE FORM**

<b>Child's Name</b>	<b>Date of Birth</b>	<b>Boy/Girl</b>	<b>Class</b>
<b>Address</b>			
<b>Emergency Contact Details (Parent/Carer):</b>			
<b>Full Name</b>	<b>Relationship to Child</b>	<b>Telephone Number</b>	

<b><u>Medication 1</u></b>			
<b>Medical Condition or Illness (Reason for Medication):</b>		<b>Name of Medicine (As described on container):</b>	
<b>Date Dispensed:</b>	<b>When to be given (Times/taken with meals etc):</b>	<b>Dosage (How much to give):</b>	
<b>Length of time your child will need to take this medication (Dates):</b>		<b>Special Precautions:</b>	
<b>When was the last dose taken (This information is particularly important for medication containing paracetamol and for Piriton):</b>		<b>Possible side effects:</b>	
<b>Any other instructions regarding this medication:</b>			
<b><u>Medication 2</u></b>			
<b>Medical Condition or Illness (Reason for Medication):</b>		<b>Name of Medicine (As described on container):</b>	
<b>Date Dispensed:</b>	<b>When to be given (Times/taken with meals etc):</b>	<b>Dosage (How much to give):</b>	
<b>Length of time your child will need to take this medication (Dates):</b>		<b>Special Precautions:</b>	
<b>When was the last dose taken (This information is particularly important for medication containing paracetamol and for Piriton):</b>		<b>Possible side effects:</b>	
<b>Any other instructions regarding this medication:</b>			

**PLEASE SIGN THE AUTHORISATION ON THE BACK OF THIS FORM**

### **Important Information Regarding Inhalers**

*Inhalers are kept together in your child's classroom and managed by the Class Teacher. If you would prefer your child to carry his/her inhaler with them and manage its use, please could you confirm this in writing.*

*From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 has allowed schools to purchase "spare" back-up inhalers for the emergency treatment of Asthma without a prescription. Please could you give your consent below for school to use an emergency inhaler should it be necessary.*

In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive an emergency salbutamol inhaler held by the school for such emergencies.

Signed \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

### **Important Information Regarding Adrenaline Auto-Injector (AAI)**

*If your child needs an AAI there should be **two** available in school. One is kept in your child's classroom and one is kept in the first aid room.*

*From 1st October 2017, the Human Medicines (Amendment) Regulations 2017 has allowed schools in the UK to buy adrenaline auto-injector devices (known as AAIs) without a prescription to use in an emergency on children who are at risk of a severe allergic reaction (known as anaphylaxis) but whose own device is not available or not working. Please could you give your consent below for school to use an emergency AAI should it be necessary.*

In the event of my child displaying symptoms of severe allergic reaction and if their AAI's are not available or is unusable, I consent for my child to receive an emergency AAI held by the school for such emergencies.

Signed \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

### **Parent/Carer – Authorisation**

**Please note that the school will not give your child any medication unless you complete and sign this form and the Headteacher has confirmed that school staff have agreed to administer it.**

I understand that **ALL** medication: -

- must be prescribed by a GP, clearly labelled and in the original container as dispensed by the pharmacy
- should be 'in date' and available in school at all times
- must be delivered to school by a parent/carers and handed to an authorised/appointed person in school

Please notify the school of any changes to the medication/dosage in writing

Signature \_\_\_\_\_ Date \_\_\_\_\_

**This form must be completed in full and returned to your child's class teacher or the school office as soon as possible.**

Office Use Only	System Updated		Inhaler/AAI List Updated		Copy to Class	
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