



Ysgol Robert Owen
Consent to Administer Medication

The school will not give your child medicine unless you complete and sign this form.
If more than one medicine is required a separate form should be completed for each one.
Additional forms can be obtained from Reception or downloaded from the School's website.

Name of child	
Date of birth	
Medical illness or diagnosis	

Medicine

	Name/type of medicine <i>(as described on the container)</i>	
	Expiry date	
	Dosage and method	
	Timing	
	Special precautions/other instructions	
	Are there any side effects that the school needs to know about?	
Self-administration	Yes	No
Prescription/Non-Prescription	Prescription	Non-prescription

NB: Medicines must be in the original container/packaging

Address/Contact Details
Name
Day time Telephone number
Relationship to child

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school's policy. *Delete as appropriate:*

Prescribed Medication: I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Non-prescription medication: I confirm that I have administered this non-prescription medication, without adverse effect, to my child in the past. I will inform the school immediately, in writing, if my child subsequently is adversely affected by the above medication.

Parent/Carer Signature _____

Date _____

Name (print) _____