



Headteacher: Mrs V Smith

Form C1 - Parental consent for school to administer medicine (Non Prescription)

The school will not give your child medicine unless you complete and sign this form. Under exceptional circumstances where it is deemed that the administration of non prescription medicine is required to allow the pupil to remain in school, the school will administer non prescription medication for a maximum of 48 hours. The medication cannot be repeated for 2 weeks after the initial episode and not for more than 2 episodes per term. Only one non prescription medication will be administered at a time. **All medication must be handed in to the school office.**

| | | |
|--|------------------------|-------------------------------|
| Name of school | Southway Junior School | Date: |
| Child's Name | | Date of Birth: |
| Year Group / Class | | |
| Medical Condition / Illness | | |
| Name and strength of medicine (as described on the container) | | |
| Expiry date | | Keep refrigerated? Yes / No |
| How much to give (<i>i.e. dose to be given</i>) | | |
| When to be given (<i>time</i>) | | Self Administration? Yes / No |
| Special precautions / other instructions / side effects that school needs to be aware of | | |
| Number of days for medication to be administered | | Last dose to be given on: |
| Number of tablets / quantity provided | | |
| Procedure to take in an emergency | | |

Note: All medication should be handed in to the school office and be clearly labelled with your child's name and class. It must be in its original packaging (with the manufacturers patient information leaflet), be suitable for the pupils age and have been administered to the child in the past without adverse effect. Medication that is sucked, i.e. cough sweets/lozenges will not be administered by the school.

| | |
|-----------------------------------|--|
| Name of emergency contact | |
| Phone number of emergency contact | |
| Relationship to child | |
| Name and phone number of GP | |

- ☐ I accept that this is a service that the school is not obliged to undertake.
- ☐ The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school administering medicine in accordance with the school policy. I confirm that this medication has been administered to my child in the past without adverse effect. 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.

Signature _____ (parent/carer) Please print name _____

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