

Appendix 2: Form 1

Medical Information Consent Form for Sutton CE (VC) Primary School

Pupil Name:	Date of Birth:	
Name of Parents/Carer:	Home telephone number:.....	
Mobile telephone number:	Work telephone number:	
Medical Practice:.....	GP name:	Telephone Number:
Hospital:	Consultant name:	Telephone number:

My child administers his/her own medication: YES / NO

My child carries his/her medicine with them at all times: YES/NO

I consent to my child receiving the following medication in school:		
Medicine:	Dose:	Frequency:
Medicine:	Dose:	Frequency:
Medicine:	Dose:	Frequency:
Further instructions:		

I undertake to ensure that the school has adequate supplies of this/these medication(s).

I undertake to ensure that this/these medication(s) supplied by me and prescribed by my child's doctor is/are correctly labelled, in date, with storage details attached, in their original prescribed packaging and are supplied in a named plastic tub with a photograph of my child on it, or in a medically labeled waist bag if they carry it on their person.

I understand that the medication will be supervised or given by a member of staff who has received appropriate training in accordance with the Local Education Authority code of practice.

Signed: Print Name: (parent/carer) Date:.....

Appendix 2: Form 2

<p>Confirmation of the Headteacher/Head of setting's agreement to administer medicine</p> <p>It is agreed that _____ [<i>name of child</i>] will receive _____ [<i>quantity and name of medicine</i>] every day at _____ [<i>time medicine to be administered e.g. Lunchtime or afternoon break</i>]. _____ [<i>name of child</i>] will be given/supervised whilst he/she takes their medication by _____ [<i>name of member of staff</i>].</p> <p>This arrangement will continue until _____ [<i>either end date of course of medicine or until instructed by parents/carers</i>].</p> <p>Signed: [<i>The Head teacher/Head of Setting</i>] Date.....</p>
