

# Parent Permission and Medication Record: Individual pupil



## Pupil information

Name of school .....	Date medication provided by parent/carer .....
.....	.....
Full name of pupil .....	Name of medication .....
.....	.....
Date of birth.....	Dose and method (how much and when taken) .....
Class/Year group.....	.....
Condition/illness .....	When is it taken (time of day) .....
.....	.....
Is your child able to self-administer? .....	Quantity received .....
Any other information.....	.....
.....	Expiry date .....
.....	Date and quantity of medication returned to parent .....
.....	Employee name.....
.....	Employee signature.....

<b>Contact Information</b>	<b>(For use in an emergency)</b>
Name:	
Telephone/mobile Number:	Relationship to Child:

## Consent

I confirm that the information provided is accurate and up to date. I will comply with the 'School's *Medical Needs Policy*' and I give my consent for medication to be administered by a member of the school staff (or self-administered if applicable) in the circumstances described above. I will inform the school as soon as possible if changes are required to my child's healthcare plan.

Signed ..... Date .....

(Parent or Guardian)

Please print name .....

<b>Date</b>	.....	.....	.....
Time Given	.....	.....	.....
Dose given	.....	.....	.....
Member of staff	.....	.....	.....
Staff Initials	.....	.....	.....
<b>Date</b>	.....	.....	.....
Time Given	.....	.....	.....
Dose given	.....	.....	.....
Member of staff	.....	.....	.....
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