

Full Name of Student:

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Date of Birth:

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Name of person completing this form:

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Relationship to Student:

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Doctor prescribing the medication:

<i>(inc. name, role, address etc.)</i>
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Name of Medication:

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Purpose/reason for medication:

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<i>(e.g. tablet, syrup, powder etc.)</i>
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Route/Method:

Dose **1**:

Time:

Dose **2**:

Time:

Dose **3**:

Time:

Dose **4**:

Time:

Any special instructions or advice:

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Possible side-effects or adverse reactions:

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Administration of Medication:

Declaration:

The information I provide on this form is, to the best of my knowledge, accurate and complete.

I give consent to suitably trained Welburn Hall staff to administer the medication detailed overleaf to my child in accordance with policy and good practice.

I will always supply prescription medication which is:

- In date
- In its original container
- Clearly labelled as dispensed by a Pharmacist

I will always supply non-prescription medication which:

- Is in date
- Is in its original container
- Contains the manufacturer's instructions

I accept that school staff will administer non-prescription medications in accordance with manufacturer's instruction only.

I will ensure that the medication is always passed 'adult to adult' and never left in the possession of my child.

I will inform the school immediately, in writing, if there are any changes to my child's medication and understand that I must supply an amended authorisation form in the event of changes.

I will inform the Head of Care if the medication is to cease.

I understand that Welburn Hall School is obliged to administer medications in accordance with best practice, policy and legal requirements; and that its staff may not be able to administer medications without full written consent.

Signature: _____

Print Name: _____

Date: _____