

MEDICATION CONSENT FORM

For completion by Parents/Carers who wish the Academy staff to administer medication on their behalf.

Child's Full Name	
Year Group	
Name of Medication <small>(Please only list 1 medication. Use another form for other medication required)</small>	
Amount to be taken	
Times to be taken	
Will this be long term	YES / NO
Any other instructions <small>(Including requirements, e.g., to be kept in fridge, or details for inhalers etc.)</small>	
Contact number of Parent/Carer for emergency use	
Name and phone number of family Doctor	
<p>I give permission for the staff at Brompton Academy to administer the specific dose(s) of the above-named medication to the child named on this document.</p>	
Signature	
Print Name	
Date	
<small>(For Academy use only)</small>	
Checked by:	

N.B There is no obligation to complete this form. In it's absence the Academy will assume that Parents/Carers do not wish their child to be given any form of medication by the Academy for any purpose at any time, and will act accordingly.