

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 additional medication required)</small>	
Dosage to be taken	
Time to be taken <small>(Please only specify if a specific time is required, otherwise medication will be administered at break/lunchtime) (Please note, only 1 dose can be given during the academy day)</small>	
Will this be long term?	YES / NO <small>(Please circle)</small>
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	
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.	
Signature	
Print Name	
Date	
Checked by <small>(For Academy use only)</small>	

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. The New Medication Consent Form will be completed at the beginning of every academic year and will need to be updated every six months.