Highcliffe School | HISP Multi Academy Trust

CONSENT FORM FOR MEDICATION

Medication must be supplied to the school by the parent/guardian. Medication supplied MUST be in the original container and packaging as purchased in/dispensed by the pharmacy
Highcliffe School will not administer medication to your child unless you complete and sign this form.

STUDENT NAME: ..... **TUTOR** .....
DATE: .....
PRESCRIBED/NON-PRESCRIBED MEDICATION: .....
MEDICAL CONDITION/S OR ILLNESS/ES: .....
.....

NAME OF MEDICATION: .....
QUANTITY: .....
EXPIRY DATE: .....
DOSAGE: .....
TIMING: .....
SPECIAL PRECAUTIONS/OTHER INSTRUCTIONS: .....

Highcliffe School cannot be held responsible for any adverse effects to the student from administering medication and will only hold medication which has previously been given to student by parent

Has your child taken this medication before without adverse effect YES / NO

CONTACT DETAILS

PARENT/GUARDIAN NAME: .....
DAYTIME PHONE NUMBER: .....
RELATIONSHIP TO CHILD: .....
ADDRESS: .....

I understand that I must deliver the medicine personally to a member of Highcliffe School.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Highcliffe School staff administering the medication in accordance with the schools policy, I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medication is stopped.

Signed: ..... Parent/Guardian
Print Name: ..... Date: .....