Highcliffe School

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'We value the power of education to change lives'

MEDICAL CONSENT FORM FOR MEDICATION

Highcliffe School will not administer your child medication unless you complete and sign this form, and the school has a policy that the staff member can administer the medication.

DATE:	
DATE FOR REVIEW:	
PRESCRIBED/ NON-PRESCRIBED MEDICATION:	
STUDENT NAME:	
STUDENT DOB:	
STUDENT TUTOR GROUP:	
MEDICAL CONDITION/S OR ILLNESS/ES:	

MEDICATION

NAME & TYPE OF MEDICATION:	
AMOUNT GIVEN TO SCHOOL:	
EXPIRY DATE:	
DOSAGE & METHOD:	
TIMING:	
SPECIAL PRECUATIONS/ OTHER INSTRUCTIONS:	
POSSIBLE SIDE EFFECTS:	
SELF ADMINISTRATION:	
PROCEDURES TO TAKE IN AN EMERGENCY:	

NB: Medicines must be in the original container and packaging as purchased in/dispensed by the pharmacy

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

NAME:	
DAYTIME PHONE NO.	
RELATIONSHIP TO CHILD:	
ADDRESS:	

I understand that I must deliver the medicine personally to a member of student support staff.

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 school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signed:…….. Parent/Guardian

Print Name:……Date:……

OFFICE USE ONLY

RECORD OF MEDICATION ADMINISTERED TO AND INDIVIDUAL STUDENT

DATE MEDICATION RECEIVED FROM PARENT:	
NAME & STRENGTH OF MEDICATION:	
QUANTITY RECEIVED:	
EXPIRY DATE:	
DOSAGE & FREQUENCY:	
STAFF, INITIAL RECEIVED & SIGN:	

MEDICATION ADMINISTERED LOG:

DATE:	TIME GIVEN:	DOSE GIVEN:	MEMBER OF STAFF:	SECOND MEMBER OF STAFF:

QUANTITY OF MEDICATION RETURNED:

DATE:	NAME OF MEDICATION RETURNED:	AMOUNT RETURNED:	STAFF NAME & SIGN:	PARENT NAME & SIGN: