



Wyvern College



St Edmund's Girls' School

Parental Consent for Administration of Medication

- Students are not permitted to carry their own medication in school unless it is in the category of life-saving medication (see Section C). Students must not carry their own analgesics (painkillers) or any other medication.
- The school will not dispense medicine to any child unless this form has been completed and signed by a parent, carer or General Practitioner.
- All medication must be clearly labelled with the student's name, date of birth, tutor group and dosage.

Details of Student

Surname		Forename	
Tutor Group		Date of Birth	
Address			

Section A: Details of Medication

	Medication 1	Medication 2	Medication 3
Condition of illness (or requirement for medication)			
Name/type of medication (as described on the container/box)			
For how long will your child take this medication?			
Date dispensed			
Expiry date of medicine			
Dosage			
Method of administration (eg. By mouth, injection)			
Times to be given			
Special precautions			



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Possible side effects			
Is the medication to be self-administered by your child? (State Yes or No)			
Name of GP or prescribing doctor			
Procedures to take in an emergency			

Section B: Declaration by Parent or Carer allowing School to administer medication

- I understand that I or my child must deliver the medicine personally to the school Administration Manager and that it will be kept in a locked cupboard in the Main Admin Office.
- I accept that there is no legal duty requiring school staff to administer medication therefore it should be noted that this is a service that the school is not obliged to undertake.
- I give my consent for the nominated member of Wyvern St Edmund's staff to administer the above medication to the above named student.
- I understand that medication supplied must be suitable for use and within date.
- I understand that if my child vomits or spits out the medication given, the dose will not be repeated.
- I confirm that I will notify Wyvern St Edmund's of all changes in circumstances and/or any relevant information

Signature		Date	
Name (please print)		Relationship to student	
Address (if different to student's)			
Daytime telephone number			



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Section C: Declaration by Parent or Carer to allow Student to Carry Life-Saving Medication

This is applicable only to life-saving drugs such as asthma relief medication (Inhalers), Epipens and insulin.

Students are not permitted to carry analgesics (painkillers) or any other medication.

- I would like my son/ daughter to keep medication with them at all times for use as necessary. he/she will self-administer the medication which I have described in Section A. I understand that medication supplied must be suitable for use and within date and I confirm that I will notify Wyvern St Edmund's Learning Campus of all changes in circumstances and/or any relevant information.

Signature		Date	
Name (please print)		Relationship to student	
Address (if different to student's)			
Daytime telephone number			

For Office Use only:

Date received by Office Manager		Time received	
Signature of Office Manager		Name of Office Manager (please print)	