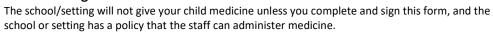
## Appendix 1: Parental consent form to administer medicine.

## 1. Parental agreement for School to administer medicine.





Date for review to be initiated by	
Name of school/setting	Consett Junior School
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	
Medicine	
Name/type of medicine	
(as described on the container)	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the	
school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	
NB: Medicines must be in the original container	as dispensed by the pharmacy
Contact Details	
Nove	
Name	
Daytime telephone no:	
Relationship to child Address	
Address	
The above information is, to the best of my know school staff administering medicine in accordance	vledge, accurate at the time of writing and I give consent to ee with the school policy.
I will inform the school immediately, in writing, i medication or if the medicine is stopped.	f there is any change in dosage or frequency of the
Signed	Date:

## Appendix 2: Record in school of medicine given.

5

2. Record of medicine administered to				
Name of school	Consett Junior School			

Date	Child's	Time	Name of	Dose	Any	Signature	Print
	name		Medicine	given	reactions		name