An Academy Trust

Launceston College

PARENTAL CONSENT TO ADMINISTER MEDICINES

Name of pupil	
Date of birth	
Group/class/form	
Medical condition or illness	

Prescribed 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	

Non-Prescribed Medicine (Over-the-Counter OTC Medicine)

Name/type of medicine *(as described on the container)*	
Reason for medicine	
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	

(Continued)

Non-Prescribed Medicine (Over-the-Counter OTC Medicine)

☐ I confirm my child has taken this over-the-counter medicine before without ill effect.

☐ I confirm this over-the-counter medicine does not interact with the other medicines my child is taking and is not contraindicated with my child's medical condition.

NB: Medicines must be in the original container as dispensed by the pharmacy

I give permission for my child to carry their own asthma inhalers	Yes / No / Not applicable (delete as required)
I give permission for my child to carry their own asthma inhalers and manage its use	Yes / No / Not applicable (delete as required)
I give permission for my teenage child to carry their adrenaline auto injector for anaphylaxis (Epipen)	Yes / No / Not applicable (delete as required)
I give permission for my child to carry and administer their own medication in accordance with the agreement of the College and medical staff	Yes / No / Not applicable (delete as required)

Contact Details

Name	
Daytime telephone no.	
Relationship to pupil	
Address	
I understand that I must deliver the medicine to	[agreed member of staff]

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

Signature(s) _____ Date _____