

Parental Consent for the Administration of Medication



The Woodlands Academy will not give your child medicine unless you complete and sign this form.

SECTION 1 – The Child

Name of child

Date of birth

Medical condition/illness/allergy information
(continue overleaf if necessary)

SECTION 2 – The Medicine

Name/type of medicine
(as described on the container)
Route/method of administration

This medicine is prescribed (tick one)

This medicine contains paracetamol (tick one)

Expiry date

Amount of medication sent

Dosage

Method

How many time per day?

What time(s) should it be given?

Special precautions/other instructions

Are there any side effects that we need to know about?

Procedures to take in an emergency
(continue overleaf if necessary)

Details of any other medication being taken by my child (continue overleaf if necessary)

YES		NO		If "NO" see 4f below
NO		YES		If "YES" see 4g below

SECTION 3 - Contact Details

Name

Daytime telephone no.

Relationship to child

Address

GP name and contact details

