



SPRING COMMON ACADEMY

is part of Horizons Education Trust

MEDICATION CONSENT FORM

(One form to be filled out for **each** medication needed)

Pupil Name:	
Date of Birth:	
Class:	
Name of Medication:	
Dose:	
Date/s and Time/s to be administered:	
Any other instructions:	
Name of parent:	
Contact Number/s:	
Name and Designation of Prescriber	
Signature:	
Date:	

Please notify the school of any changes in your child's medicines.

If your child has been given rescue medicine or pain relief before coming to school, please notify the School Nurse or a member of school staff.

Please ensure that any medicine is prescribed and in its' original packaging, detailing the name of the medication, your child's name, date of birth, strength of medicine, dose and time to be administered.

For medicines that do not require a prescription e.g. Paracetamol, Ibuprofen, antihistamines, some creams/ointments – Please make sure the medicine is in its original container, with name and strength of medication, expiry date, clearly visible. Please give a brief description of the reason you would like the school to administer the medication:

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School staff will only administer medicine if it would be detrimental to your child's health not to do so.