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Headteacher: Mrs J O'Donnell

Consent for Administration of Medication in School.

Dear Head Teacher at: Alfreton Park School

I request and authorise that my child be given or gives themselves medication as follows:

Name of child:

Date of birth:

NHS Number:

Address:

Daytime telephone number:

Allergies:

School staff will not give medication to a child unless this form is completed and signed. Information about medicines and doses must agree with the prescription and the medication label.

It is essential that sufficient medicine is sent to the school. Each medicine must remain in the container it was supplied in, with the dispensing label attached.

Any changed in medicines or doses must be notified to the Nurse in Charge and a new form completed.

Regular Medicines and Feeds

Medicine or Feed	Dose	What time(s) it will need to be given by staff			



“As Required” Medicines

Medicine	Dose	When used and how often?	Comment

I confirm that the medicines listed above have been prescribed by a registered medical practitioner or a non-medical prescriber for the above named child and that I wish for staff to continue to administer these medicines while under their care.

I give consent for staff to access information about my child’s current prescription from healthcare professionals involved in their care, including access to the GP’s Summary Care Record, in order to ensure that information about my child’s medication is accurate and that medicines can be used safely.

Signed:

Print name:

Date:

School/Unit use only:

Information matched to labelled medication by:

Signed:

Print name:

Date: