



General Care Plan/ Parent/Guardian/Carer CONSENT FORM

To: Headteacher of Woodcote Primary School

From: Parent/Guardian of.....Full Name of Child

DOB:

My child has been diagnosed as having:

.....(name of condition)

He/She has been considered fit for school but requires the following prescribed medicine to be administered during school hours:

.....(name of medication)

Could you please administer the medication as indicated above

.....(dosage) at.....(timed).....(intervals) Strength of medication:

With effect from.....Until advised otherwise.

The medicine should be administered by mouth/in the ear/nasally/other.....
(delete as applicable)

I undertake to update the school with any changes in medication routine use or dosage.

I undertake to maintain an in date supply of the prescribed medication.

I understand that the school cannot undertake to monitor the use of self-administered medication carried by the child and that the school is not responsible for any loss of/or damage to any medication.

I understand that the medication will be stored by the School and administered by staff with the exception of emergency medication which will be near the child at all times.

I understand that staff will be acting in the best interests of(Childs Name) whilst administering medicines to children.

Signed:.....Date:.....

Name of parent (please print).....

Contact Details:

Home.....Work:.....Mobile:.....

Headteacher: Suzanne Jones