

## Paxman Academy - Medication Consent Form



The school will only administer medication on receipt of this completed and signed form. Please complete details for all prescription and non-prescription medication supplied by a Parent, Guardian or Carer and enclose this form with the medication.

### STUDENT DETAILS

<b>Name / Form</b>	
<b>Address</b>	
<b>Date of birth</b>	
<b>Medical condition or illness</b>	

**MEDICATION (NB: Medication must be in the original container, as dispensed by the pharmacy)**

<b>Name / type of medication</b> <i>(as described on packaging)</i>	
<b>For how long will your child take this medication?</b>	
<b>Date dispensed</b>	
<b>PROVIDE FULL INSTRUCTIONS FOR USE</b>	
<b>Dosage and method</b>	
<b>Timing</b>	
<b>Special precautions / other instructions</b>	
<b>Any side effects school should be aware of?</b>	
<b>Self administration?</b>	
<b>Procedure to follow in an emergency</b>	

### CONTACT DETAILS

<b>Name</b>	
<b>Telephone number</b>	
<b>Relationship to student</b>	

**Declaration: I understand that the medication and a completed copy of this form must be delivered to the School Medical Room for the attention of Miss Smith. Enquiries concerning this form should be addressed to: [jess.smith@paxmanacademy.school](mailto:jess.smith@paxmanacademy.school)**

<b>Signed</b>	
<b>Print name / Date</b>	