



# AYLSHAM HIGH SCHOOL

## Parental consent form for administration of medicine

This form must be completed **in full** and **signed** by the student's parent/carer.

Any medication to be administered must have been administered previously by the parent/carer to minimise the risk of adverse or allergic reaction to any new medication. All medication must be stored in its original container and should be clearly labelled with the student's name.

Student name:	
Date of birth:	
Year/tutor group:	
Medical condition/illness:	
Name of medicine: (as described on container):	
Is the medicine prescribed?	Yes/No
Dosage and method:	
Timing(s):	
Duration of course:	
Special precautions:	
Are there any side effects that you know of?	
<b>CONTACT DETAILS:</b>	
Parent/Carer name (please print):	
Telephone number:	
Relationship to child:	
Parent/Carer signature:  I confirm that I am happy for the medicine detailed on this form to be administered in school and I can confirm that this medicine has been administered previously and that there were no adverse or allergic reactions.	
Date:	

### FOR OFFICE USE ONLY:

<b>Storage Location:</b>	Medical room		Fridge		Other (please specify)	
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