Appendix 1

WATER ORTON PRIMARY SCHOOL

Plank Lane, Water Orton, Birmingham B46 1SG

Tel/Fax: 0121 747 2851

Headteacher: Emma Smith

Pupil Medical Consent Form (to be completed by the parent/carer)

Pupil Name: _____

Pupil's Class: _____

Name of Medicine	Dose	Time to be administered	Further notes e.g. storage of medicine
1.			
2.			
3.			

For Asthma inhalers and EpiPen only	
In an emergency situation I give my permission for the school emergency 'Blue' reliever inhaler to be given to my child	
In an emergency situation I give my permission for the school emergency EpiPen to be given to my child	

***Please note**: Any prescribed medicine must be supplied to the school in a container clearly labelled (by the pharmacist) with the name of the medicine, full instructions for use and the name of the pupil. All medicines should be in the original container bearing the manufacturer's instructions/guidelines. The school may refuse to administer any medicines supplied in inappropriate containers.*

This form should be renewed by the parent/guardian if there are any changes to a pupil's medication.

Parent/Carers Signature	
Name	
Relationship to Child	
Date	

MEDICTION RECORD OF EACH DRUG ADMINISTERED IN SCHOOL

(USE A SEPARATE LINE FOR EACH PRESCRIBED MEDICATION)

Medication	Date	Time	Amount	Administered by (Name)	Witnessed by (Name)