

**Consent for Special Schools in Oxfordshire  
 to administer Prescribed Medication**

Child's Name:	DOB:
Address:	
GP's Name:	Tel No:
Allergies:	
Name of Parent/Guardian: (print)	
Relationship to child:	

**I will provide my child's medication in its original container/packaging. Prescribed medication will have the pharmacist's label attached, stating the dose and times to be administered. I will take responsibility for ensuring that any changes in medication have been authorised by the GP or Consultant. I consent to staff giving my child the medications detailed on the form. For any medication which has a short expiry date, I will write the date opened on the packaging once opened.**

**Child Consent** *(where possible)*

**I consent to the appropriately trained staff giving the following medications to me.**

Child's signature:
Date:

<b>Name/Type of medication:</b> (Described on the container)
Expiry date:
<b>Full directions for use:</b>
Condition/Illness:
Dose (how much to be given)
Route (how the child will take it)
Time to be given:
Special instructions:
Side effects to be aware of:

Parent/Guardian signature(s):
Date:

<b>Name/Type of medication:</b> (Described on the container)
Expiry date:
<b>Full directions for use:</b>
Condition/Illness:
Dose (how much to be given)
Route (how the child will take it)
Time to be given:
Special instructions:
Side effects to be aware of:

Parent/Guardian signature(s):
Date:

<b>Name/Type of medication:</b> (Described on the container)
Expiry date:
<b>Full directions for use:</b>
Condition/Illness:
Dose (how much to be given)
Route (how the child will take it)
Time to be given:
Special instructions:
Side effects to be aware of:

Parent/Guardian signature(s):
Date:

<b>Name/Type of medication:</b> (Described on the container)
Expiry date:
<b>Full directions for use:</b>
Condition/Illness:
Dose (how much to be given)
Route (how the child will take it)
Time to be given:
Special instructions:
Side effects to be aware of:

Parent/Guardian signature(s):
Date: