

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

Name / Form	
Address	
Date of birth	
Medical condition or illness	

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

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

CONTACT DETAILS

Name	
Telephone number	
Relationship to student	

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 Mrs Reynolds. Enquiries concerning this form should be addressed to: medical@paxmanacademy.school

Signed	
Print name / Date	