Wiltshire Council
Where everybody matters

Horningsham Primary School

Prescribed Medicine Consent Form

For children who require prescribed medicines during the school day

NOTE:
- This form is intended for children who may have a medical condition **requiring them to have medicine at a prescribed time which falls in the school day** or **4 doses of a medicine per day,** necessitating one of those doses to be taken during the school day.

School cannot administer any non-prescribed medicines containing analgesics (including painkillers, creams and cough mixtures, e.g. Calpol or Piriton) even if a parent gives their consent.

TO BE COMPLETED BY PARENT/CARER

Name of Child: _____ **Date of Birth:** _____

Name of Medicine: _____ **Dose** _____

☐ I confirm that the medicine is in its original packaging with the prescription label

☐ Tick for fridge storage

Schedule:

START DATE _____ **END DATE** _____

Time to Administer:			**Days to Administer:** Please tick	
Notes: e.g. before food			**MON** ☐	**TUE** ☐
			WED ☐	**THU** ☐
All Doses Administered:	*Y / N School complete upon filing* ☐		**FRI** ☐	

☐ I confirm that I will come into school and administer the medicine/s myself according to the schedule above.

or

☐ I give permission to school staff to administer the medicine/s according to the schedule above.

☐ I understand: - School are not bound by law to administer the medicine but that staff endeavour to carry out the duty of administering medication with reasonable care following County guidelines
- School cannot accept full responsibility and liability if a dose is not given, as any agreements made with families are done so in good faith
- It is my duty to collect the medicine from a member of staff at the end of the day.

Signed: _____ **Date:** _____

Office Use Only: *Form checked by:* *Date:*