

**Halsford Park Primary School**

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West Sussex, RH19 1LR

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**Parental/Carer consent to administer medication**

(where an Individual Healthcare Plan or Education Healthcare Plan is not required)

The school will not give your child medicine unless you complete and sign this form, and the school has a policy that the staff can administer medicine.

**Date for review to be initiated by****Name of child****Date of birth****Class****Medical condition or illness****Medicine****Name/type of medicine  
(as described on the container)****Expiry date****Dosage and method****Timing****Special precautions/other  
instructions****Are there any side effects that the  
school/setting needs to know about?****Self-administration – Y/N****Procedures to take in an emergency**

NB: Medicines must be in the original container as dispensed by the pharmacy and the manufacturer's instructions and/or Patient Information Leaflet (PIL) must be included

**Contact Details****Name****Daytime telephone no.****Relationship to child****I understand that I must deliver the  
medicine personally to the school  
office**

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I confirm that this medication has been administered to my child in the past without adverse effect. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent/Carer Signature \_\_\_\_\_ Date \_\_\_\_\_

**If this is a request to administer non-prescribed medication, please work with the school to complete the 'Individual Protocol for non-prescribed medication' form.**