



Peter Phillips Cricket – Medication Consent Form

Peter Phillips Cricket will not give your child medicine unless you complete and sign this form.

DETAILS OF CHILD

Name: _____

Condition or illness: _____

MEDICATION:

NOTE: Medication must be in its original container as prescribed by the chemist/doctor.

Name/type of medication (as described on the container): _____

Has your child had this medication before? YES / NO (Circle)

Time last administered: _____

Storage requirement (e.g. fridge): _____

FULL DIRECTIONS FOR USE:

Dosage and method: _____

Timings: _____

Special Precautions: _____

Possible Side Effects: _____

DAYTIME CONTACT DETAILS:

Name: _____ Daytime Tel. _____

Relationship to Pupil: _____

I confirm that the information provided above is, to the best of my knowledge, accurate at the time of writing.

- I accept that there is no legal duty requiring the us to administer medication therefore it should be noted that this is a service that we are not obliged to undertake.
- I give my consent to a member of Peter Phillips Cricket first aid trained staff to administer the prescribed medication in accordance with the instructions above.
- I understand that the medication supplied must be suitable for use and within date.
- I understand that if my child vomits or spits out the medication, the dose will not be repeated.
- I understand that all medication must be collected at the end of the day on the last date it is dispensed. Any uncollected medication will be safely disposed of by us.
- I understand that it is my responsibility to inform Peter Phillips Cricket immediately if there is any change in dosage or frequency of medication and/or any other changes in circumstances or any relevant information.

Signed Parent/Carer: _____ Date: _____

Print Name: _____

Relationship to pupil: _____