Healing School – A Science Academy
Low Road, Healing, Grimsby, N E Lincolnshire, DN41 7QD
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HEALING SCHOOL
A Science Academy

MEDICATION CONSENT FORM 2019-20

PLEASE ONLY COMPLETE THIS FORM IF YOUR CHILD REQUIRES MEDICATION TO BE ADMINISTERED DURING SCHOOL HOURS

Please complete one form per medication Year Group____________________

Pupil's full name

Date of birth

Address

GP

Known allergies

Medical condition

Name of medication

Dosage/Frequency

Amount supplied Form supplied Expiry date

Dates to be taken from until

Contact details

Name and number of primary emergency contact

Name and number of secondary emergency contact

No medication will be administered at school unless it is detrimental to the child's health not to do so
All medication should be handed in to health and welfare in the original packaging with the prescription label clearly visible.

Non prescribed medication will only be administered in accordance with the manufacturer's instructions.

If your child's medical needs change please inform the Health and Welfare Assistant so school records can be kept up to date

Parent/Guardian signature Date

Office use only ☐ Short term ☐ Long term

Office use only

Register of Medication Administered

Student name____

Medication____

Date	Time	Amount Given	Amount Left	Administered By		Side Effects/ Comments