

**APPENDIX 4 – MEDICATION PLAN**

**MEDICATION PLAN**

**PARENTAL CONSENT FOR A STUDENT TO RECEIVE MEDICATION IN SCHOOL**

<b>Name of Student</b>			
<b>Date of Birth</b>		<b>Name of Parent/Carer</b>	
<b>Form Group</b>		<b>Emergency Contact Number</b>	
Reason for child requiring medication (condition or illness):			
Signs and Symptoms that indicate the onset of the above condition:			
Name and Strength of medication:			
Instructions for Use (method, dose, quantity, frequency, timing, side effects):			

Please provide all medicines in the original container as dispensed by the pharmacy.

I give my consent for school staff to administer medicine in accordance with my instructions above. I will notify the school in writing of any changes to this medication and dosing instructions immediately.

<b>Parent/Carer Signature</b>		<b>Date</b>	
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**FOR SCHOOL USE ONLY:**

<b>Name of medication and strength</b>		<b>Expiry date</b>	
Signature of staff receiving medication			

Footnote:

- Headteacher also means Head of College and Principal
- School also means College, Academy or Academies