



NETTLEWORTH INFANT AND NURSERY SCHOOL



Consent Form for the Administration of Drugs

My child _____ in Class _____
requires the following dose of medication to be administered within school.

Start Date: _____

End Date: _____

Times of Day to be given or circumstances	Dosage	Name of Medicine/Drug	Method of Drug Administration

I give my consent for a member of staff to administer the above medicine/drugs. I understand that the same member of staff may not be available at all times and the medicine/drug may be administered by a different member of staff.

I undertake to deliver the correct weekly medication to the school office in a child proof container/bottle which will be administered according to my instructions above. The weekly supply of medication must be kept in a locked cabinet at all times.

I acknowledge that any staff involved in the administering of anything medical in school are not qualified medical practitioners nor are they holding themselves out to be qualified medical practitioners.

I understand that the staff in the school will take reasonable care in the administration of medicines in school and will endeavour to respond appropriately in all circumstances should emergency treatment be required.

General Data Protection Regulation: Nettleworth fully complies with information legislation. For the full details on how we use your personal information please see the school's website (<http://www.nettleworth.notts.sch.uk/privacy-notices/>) or call 01623 455940 if you are unable to access the internet.

Signed: _____

Parent/Guardian

Date: _____

Administration of Medicines Record Form

Childs / Young Person's Name:	
Class Name / Tutor Group:	

Name of Medication	Dosage (Time, Frequency and Amount)	Date	Time (24 Hour Clock)	Signature 1	Signature 2

Record of medicine administered to an individual child

Name of School	
Name of child	
Date medicine provided by parent	
Class	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Parent signature _____

Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
Time Given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dose Given	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Staff	<input type="text"/>	<input type="text"/>	<input type="text"/>
Staff Initials	<input type="text"/>	<input type="text"/>	<input type="text"/>

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