



Consent Form-Pupils with medical needs

Name of Pupil: _____

Class: _____

Date of birth of pupil: _____

Details of medical condition

Name/type of medicine (from container)

Is it a prescribed
medicine?

If **not** prescribed, what are
the dates it is required
from and to?

Start date:

Finish date:

Start date:

Finish date:

Head teacher signature

(required for non-prescription medicine)

Dose Required

Method of Administering

Training Requirement

(for Staff)

Details of any side effects

Procedures to be
taken in an emergency

Calcot Schools record of medicine administered to an individual child

Name of school

Calcot Schools

Name of child

Class

Date medication to be administered from:

Date medication to be administered to:

Quantity of medication received:

Name & Strength of Medicine:

Dose and frequency of medicine:

Expiry date:

Date & quantity returned to Parents:

Calcot Schools

Staff signature: _____

Signature of parent: _____

Date
Time given
Dose given
Name of member of staff
Staff signature

Date
Time given
Dose given
Name of member of staff
Staff signature

Date
Time given
Dose given
Name of member of staff
Staff signature
