

Long Term Medication Needs Consent Form

Information and strategies required for children who have ongoing, specific medical needs

The Nursery School will not give your child medicine unless you complete and sign this form, and the Principal has agreed that school staff can administer the detailed medicine.

Child's Name: D.O.B:

Class:

Parent/guardian: Contact Number:

Address:
.....

Parents must ensure that in date, properly labelled medication is supplied (i.e. with child's name and class on packaging).

Condition/illness requiring medication:

Child's Relevant Medical History thus far:

Medical Team: (Names & Contact Numbers)

Doctor: Tel No:

Consultant(s): Tel No:

Medication required:-

At Home:

At School:

General day to day management required:

Are there any side effects that the School needs to know about?

Indicators for concern:

Emergency plan of action (including appropriate contact numbers in order of priority)

I (parent/guardian) undertake to inform the relevant teaching member of staff of any changes in my child's treatment and/or medical condition. I have completed this form, discussed its contents with the teaching staff and agree to the management and emergency strategy as detailed within.

Signed:
(Parent/Guardian)

Date:

Signed:
(Principal/Authorised member of staff)

Date:

Please complete and return to teaching member of staff for discussion and countersignature