



Parent/ Carer Medication Consent Form

The Beacon Folkestone will not give your child medicine unless you complete and sign this form. All documentation is to be in line with the school's The Beacon Folkestone's Supporting Pupils with Medical Needs Policy and is GDPR compliant.
 This form must be completed by the individual who has parental responsibility over the child.

1 Pupil Information

Pupil Name		DOB	
Can the pupil self administer medication? (this means that staff do not have any input in the pupil's medication)			
Yes		No	
Does the pupil have any known allergies to medication? (if yes please state name of medication and the reaction in the space below)			
Yes		No	

Routine Medication – This is prescribed medication that is dosage dependant and is taken at a specified time and possibly date. Medication can only be given during school hours if it is essential to do so, and may impact upon the child's health if not given during the school day.

PRN Medication – This medication is only given when required, **not** at a regular time/date/dose. This includes medicines that are not prescribed.

Good Practice Statement:

- For accurate and clear records, a signed letter from the parents/carer/doctor is required for all medication.
- Where possible medication should be brought into school and passed to a member of staff by an adult. Pupils who bring in their own medication must immediately hand it to a member of staff in their class.

Medication sent into school must be in its original packaging with the pharmacy dispensing label present. This should include Name/ Date/ Dose/ Directions
 All medication **must be labelled**. This includes individual bottles, inhalers, buccal midazolam tubes, etc, not only the outside of the box. **All bottles, creams, powders must be unopened.**

2 Consent Signage – Signer **MUST** have Parental Responsibility

By signing this form I hereby give consent for trained and competency assessed staff to administer the medicines stated on the reverse to the named child. This will be done at the designated times, and as per the directions specified by the prescriber. I agree that medication will be administered in accordance with the school's policy.

I agree to inform trained school staff in the child's class **immediately** in writing if there are any changes to the medication, regime or if the medicine has been paused or stopped.

I understand that not sending in the named child's medication as per the requirements, or not providing up to date information or paperwork, may result in medication not be given.

I consent for school and NHS staff to access medical records for the named child if it is in their best interests to do so.

I declare that the information I have written is, to the best of my knowledge, accurate at the time of writing and signing this form

Name	Contact Phone Number
Relationship to Pupil	Signed

Medication Details

Please list all medications that are required to be administered to your child during the school day.
Only medication that essentially must be taken during school hours can be given by The Beacon's Administration of Medication trained staff.

Name of Medication		How is the Medication Administered
Strength		
Dosage		Side Effects (if known)
Time(s) to be Administered		
Formulation		
Reason for Medication		

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For School Use: To be completed by a member of staff trained in Administration of Medication

1. Form has been filled in correctly and completely and signed by someone with parental responsibility?	
2. All medicines written on the form have been brought into school? (Please state any that have not)	
3. All medicines received follow the guidelines and the school's policy?	
Staff Name	Signature
Date medicines received into school	

This form is to be printed double sided. Additional forms can be attached.