

GILBERT INGLEFIELD ACADEMY

MEDICAL CONSENT FORM

The school/setting will not give your child medicine unless you complete and sign this form. Please read our Supporting Medical Conditions in School policy which may be viewed on our website www.gilbertinglefield.com.

N.B. If more than one medication is to be given, a separate form should be completed for each.

Name of child

Name of child
Date of birth
Form
Medical condition or illness

Date of birth

Form

Medical condition or illness

Medicine

Name/type of medicine
(as described on the container)

Name/type of medicine (as described on the container)
Expiry date
Dosage and method
Timing
Special precautions/other instructions
Are there any side effects that the school/setting needs to know about?
Self-administration – y/n
Procedures to take in an emergency

Expiry date

Dosage and method

Timing

Special precautions/other instructions

Are there any side effects that the school/setting needs to know about?

Self-administration – y/n

Procedures to take in an emergency

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name

Name
Daytime telephone no.
Relationship to child
Address
I understand that I must deliver the medicine personally to
Reception team members

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to

Reception team members

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s): _____ Date: _____