

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](http://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

Date of birth

Form

Medical condition or illness


**Medicine**

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


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

**Contact Details**

Name

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: \_\_\_\_\_