



# EMMAUS SCHOOL

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## Medication Consent Form

Child's name \_\_\_\_\_ Date \_\_\_\_\_

Name and strength of medication \_\_\_\_\_

Has your child had this medication before \_\_\_\_\_

Date, time and amount of last dose \_\_\_\_\_

Date, time and amount of dose to be given

\_\_\_\_\_

Why it is needed \_\_\_\_\_

Route of administration \_\_\_\_\_

Any other instructions \_\_\_\_\_

**N.B. MEDICATION MUST BE IN ITS ORIGINAL CONTAINER, AS  
DISPENSED BY THE PHARMACY**

Name and contact number of parent or carer \_\_\_\_\_

Name and number of child's GP \_\_\_\_\_

The information above is, to the best of my knowledge, accurate at the time of writing and I give my consent to the early year's staff administering the medication. I will take medication to the office for safe storage and collect it at the end of the day. I understand that this is my responsibility. This form will need to be filled out each day that medication is required. If more than one medication is to be given, a separate form should be completed for each.

Signature of parent or carer \_\_\_\_\_

Print name \_\_\_\_\_

For Medication that needs to be given on an on-going basis please fill out front form and use the following form as a weekly record. This needs to be renewed on a weekly basis.

Name of Child \_\_\_\_\_

Date \_\_\_\_\_

Name and Strength of Medication \_\_\_\_\_

Dose and Frequency of Medication \_\_\_\_\_

Week Commencing	Monday	Tuesday	Wednesday	Thursday	Friday
Last dose given by parent / carer					
Time given					
Dose given					
Staff members signatures x 2					
Comments					
Checked by Parent / Carer at end of day					