



EMMAUS SCHOOL

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Medication Consent Form – Long Term

For Epipens, Piriton or Inhalers and other long term pre-scribed medication

Child's name _____ Date _____

Name and strength of medication _____

Has your child had this medication before _____

Time and amount of dose to be given
(put "as required" with dosage if no specific time)

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 “as required” (for example inhalers or Piriton) please fill in the front sheet and sign and date each time medication is given. *Teacher’s Note: Do not forget to get the parent or guardian to sign the sheet at the end of the day.*

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					