

Braunton Academy

Consent Form for Prescribed Medication

Name of Student: _____ Date of Birth: ___/___/___

Address: _____

Medical Condition of student: _____

Name of prescribing doctor: _____

Medicine: _____

Dose: _____ Frequency of dose: _____

- I confirm that the above medicine has been prescribed by the doctor named above, and that I give my permission for a member of Braunton Academy's First Aid Team to administer the medicine to my child during the school day.

Signed (Parent/ Carer): _____

Please print name: _____ Date: _____

- I give my permission for my child to carry his/ her asthma inhaler with him/ her while in school, and to manage its use.

Signed (Parent/ Carer): _____

Please print name: _____ Date: _____

- I give my permission for my child to manage the use of his/her own pen injector for diabetes

Signed (Parent/ Carer): _____

Please print name: _____ Date: _____

In accordance with NHS recommendations, all medication supplied should be in original containers:

- If prescribed; the medication should be in a container as dispensed with label detailing instructions; and
- If purchased non-prescription medication; the original container must be provided.