



## Long Term Medication Consent Form

***Note : If more than one medication is to be given, a separate form must be completed for each.***

Name of Child .....

D.O.B. .... Class .....

Name and strength of medication .....

NOTE : MEDICATION MUST BE IN THE ORIGINAL CONTAINER, AS DISPENSED BY THE PHARMACY, WITH CLEAR INSTRUCTIONS ON HOW MUCH TO BE GIVEN.

How much to administer (i.e. dose to be given) .....

When to be given .....

Any other instructions .....

Quantity of medication given to school  
(i.e. number of tablets or volume of liquid) .....

Contact number of parent / carer .....

Name of G.P. ....

GPs Contact number .....

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

Parent's / Carer's Name .....

Parent's / Carer's Signature ..... Date .....