Private & Confidential

**Medication Consent**

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s name |  | Date of Birth |  |
| NHS Number |  | Home telephone number |  |
| Address |  | Father’s name |  |
|  | Father’s Mobile Number |  |
|   | Mother’s Name |  |
| Mother’s Mobile Number |  |
| Preferred emergency contact: □ Mother □ Father □ Other, please specify: |
| Co-ordinate my care urgent care plan in situ: □Yes – CMC Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □No |

Please note we only administer medications during the school day that are due 4 or more times or need to be given at specific times to minimise the disruption to your child’s education. Medications due 3 times a day should be given before and after school. We may also support your child if they have significant difficulties in adhering to take medications.

We DO NOT administer over the counter medications or remedies. All medications sent to school should be prescribed by the GP/Hospital and have the medication label with dose/time and your child’s name clearly visible. Without this we are not able to administer the medication.

**Does your child have any drug allergies or had a reaction when a medication was administered?**

□ Yes, please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ No

**REGULAR MEDICATIONS TO BE GIVEN AT SCHOOL**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of regular medication to be administered at school** | **Dose (e.g. mg or mls)** | **Route** E.g buccal, gastrostomyoral, etc. | **Instrument for administering dose**E.g. Spacer, EpiPen, Syringe | **Times to be given at school** | **Completion date** of course of medicine if known |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**EMERGENCY AND AS REQUIRED MEDICATIONS TO BE GIVEN AT SCHOOL**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of as required medication or emergency medication to be administered at school** | **Dose (e.g. mg or mls)** | **Route** E.g buccal, gastrostomyoral, etc. | **Instrument for administering dose**E.g. Spacer, EpiPen, Syringe | **Reason for emergency or as required medication and when to administer** |
|  |  |  |  |  |
|  |  |  |  |  |

**Please thick the boxes that applies**:

* I give my consent to members of staff (school/health) appropriately trained in administering medications to administer the medication(s) that have been supplied to my child as directed above.
* I agree to update information about my child’s medical needs, held by the school and whenever there are any changes in my child’s medical needs and / or medication.
* I will ensure that the medication I send in to the school will have the prescription label clearly visible and the medication is in date. For buccal midazolam I will ensure that individual syringes are also labelled.

**Parent / Legal guardian with parental responsibilities**

Name in print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sign:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WHO HAS PARENTAL RESPONSIBILITY?**

**For children born before 31st November 2003**

* **Mothers** automatically have parental responsibility for their children
* **Fathers** also have parental responsibility if they were married to the mother when the child was conceived or born, or if they got married to her later
* **Unmarried fathers** do not automatically have parental responsibility for their child, but a court order or a “parental responsibility agreement” can give it to them
* **People looking after your child** like child minders or grandparents do not have parental responsibility, but you can authorise them to take medical decisions for your child, if you wish

\*The National Family and Parenting Institute produce a leaflet, *Is it legal?* A parents guide to the law which gives more information about parental responsibility and how to acquire it.

 ([www.eparents.org](http://www.eparents.org) or telephone 020 7424 3460)

Reference: [www.doh.gov.uk/consent/parentsconsent.htm](http://www.doh.gov.uk/consent/parentsconsent.htm)

A guide for parents “What you have a right to expect 2002”

**For children born after 1st December 2003**

* Both of child’s parents have parental responsibility if they are registered on the child’s birth certificate. This applies irrespective of whether the parents are married or not.
* Where the child has been formally adopted, the adoptive parents are the child’s legal parents and automatically acquire parental responsibility.
* Where child has been born as a result of assisted reproduction, there are rules under the Human Fertilisation and Embryology Act 1990 that determine the child’s legal parentage.
* People looking after your child like childminders or grandparents do not have parental responsibility, but you can authorise them to take medical decisions for your child, if you wish.

Reference: BMA Parental Responsibility, Guidance from the Ethics Department, June 2006